



## SUBCONTRACTOR / VENDOR PRE-QUALIFICATION QUESTIONNAIRE

**This Pre-Qualification Questionnaire will not be accepted unless it is completed in its entirety.**

Company Name:		Federal Identification No.:	
<b>Please submit the information below for your Corporate Headquarters location</b>			
<i>Corporate Headquarters Information</i>	Address:		
	City:	State:	Zip Code:
	Phone: (    )       -	Fax: (    )       -	
	Contact Name:	Title:	
	Contact Email:		
<b>Please submit the information below for the submitting Regional Office if different than above</b>			
<i>Regional Office Information</i>	Address:		
	City:	State:	Zip Code:
	Phone: (    )       -	Fax: (    )       -	
	Contact Name:	Title:	
	Contact Email:		
<b>Corporate Information</b>			
Year Company Started:	Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
State of Incorporation:	Date of Incorporation:		
Under what other names has your Company operated?			
Are You a Subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No     If Yes, Name of Parent Company:			
Is Your Company: <input type="checkbox"/> MBE <input type="checkbox"/> FBE <input type="checkbox"/> DBE		Certified by:	
Business Classification: <input type="checkbox"/> Certified Small Business <input type="checkbox"/> Certified Small Disadvantaged Business (SDB) <input type="checkbox"/> 8a Certified (SDB) <input type="checkbox"/> Certified HUB Zone Small Business <input type="checkbox"/> EDGE Certified			



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Status: <input type="checkbox"/> Union <input type="checkbox"/> Non-Union	If Union, list Unions which you have Agreements with:
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How many people did your Company employ on average over the last three (3) years?

Office Based \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

### Trade Information

What work does the Company perform with its own forces?

What percentage of the Company's work is normally subcontracted? \_\_\_\_\_ %

What trades do you normally subcontract?

### Project Experience

Indicate the range of contract size that you most commonly perform: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Indicate your average contract size over the last five (5) years: \$ \_\_\_\_\_

What is the largest contract your Company has completed? \$ \_\_\_\_\_ Year: \_\_\_\_\_ Project: \_\_\_\_\_

What is the largest contract you currently have in progress? \$ \_\_\_\_\_ Project: \_\_\_\_\_

What was your average annual volume over the last five (5) years? \$ \_\_\_\_\_

What is your expected annual volume this year? \$ \_\_\_\_\_ Number of projects: \_\_\_\_\_

**Attach a complete list of projects completed over the last 5 years with contact information, address, scope of work and contract value indicated.**



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<i><b>Financial Information</b></i>	
<i><b>Bonding Information</b></i>	Is your Company Bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, Name of Surety:
	Bonding Capacity: \$ / Project \$ Aggregate
	Date of last Bond: Amount: \$
	<b>Attach a letter from your Surety confirming the above.</b>
<i><b>Insurance Information</b></i>	Agent/Broker:
	Contact Name: Phone: ( ) -
	Insurance Carrier:
	General Liability: <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence Basis Occurrence Limits: \$ Aggregate Limits: \$
	Automobile Liability Limits: \$
	Excess Liability Carrier: Excess Limits: \$
	<b>Attach copies of your most recent Certificate of Insurance and Workers' Compensation Certificate.</b>



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### Safety Information

How many OSHA violations has your Company received in the last five (5) years?

If any, please provide a brief description: (Attach additional pages if necessary)

Have you received any willful or repeat OSHA violations?  Yes  No

If Yes, provide a brief description: (Attach additional pages if necessary)

Do you have a written Company Safety Policy and Program?  Yes  No

Does your Company maintain a Drug-Free Workplace Program that meets Ohio BWC standards?  Yes  No

Do you have a qualified person responsible for safety within your Company?  Yes  No

Does this person possess an OSHA 30-hour training certification current within the past 5 years?  Yes  No

Does your Company review the safety management systems of your subcontractors?  Yes  No

Does your Company conduct formal accident/incident investigations?  Yes  No

### Legal

Is your Company or any of its owners or officers currently involved in any arbitration or litigation?

Yes  No      If Yes, please attach an explanation of the same on a separate sheet.

Does your Company have any outstanding judgments or claims against it?

Yes  No      If Yes, please attach an explanation of the same on a separate sheet.

Has your Company or officers ever been involved in any arbitration or litigation?

Yes  No      If Yes, please attach an explanation of the same on a separate sheet.

**References**

Please provide the following for three (3) client references:

Company	Contact	Phone	Fax
		(    )    -	(    )    -
		(    )    -	(    )    -
		(    )    -	(    )    -

**Attestation**

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed by: \_\_\_\_\_  
*(Print or Type)* *(Signature)*

Title: \_\_\_\_\_

Date: \_\_\_\_\_

