

## **Subcontractor Prequalification Statement**

Required in advance of consideration to bid. The undersigned certifies that the statements and answers are true and correct.

Please submit all completed forms to Tom Garske, President of Construction, to TGarske@Borror.com

Company Name: Representative:	
Title: _	
Address:	
_	
Phone No.:	
– Annual Work Capa	city (\$):
Largest Project (\$):	
MBE or WBE:	
Furnish, Install, or I	3oth:
Open Shop, Merit,	or Union:
State Sales Tax ID #	t:
Contractor's Licens	e#:
Dun & Bradstreet #	<u></u>

- 1. How many years has your organization been actively engaged in business?
- **2.** Provide the following information regarding your present personnel:

Current Number of Employees		Full-Time	Part-Time	Contract	Temp
Executives					
Project Managers					
Estimators					
Superintendents					
Foreman					
Journeymen					
Laborers					
Administrative					
Other					
	Totals				



3. Indicate the types of work that your company perform				_
	Indicate the ty	nes of work t	hat your compar	v nerforms

## 4. Safety

List the following from your Company's OSHA 300 Logs:	Last Year	1 <sup>st</sup> Year Prior	2 <sup>nd</sup> Year Prior
Experience Modification Ratio (EMR)			
Total # of Fatalities. (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents. (H,I,J on OSHA 300 Log)			
Total # of Lost Work Day Accidents. (Column H on the OSHA 300 Log)			
Total # of other recordable cases. (Column J on the OSHA 300 Log)			
Total # of Annual Man-Hours Worked.			

Please check if your Company implements the following safety controls:	Yes	No
Has a written Safety Program.		
Has an Implemented Drug Screening Policy for all Employees.		
Performs Safety Orientation & Training for all Employees.		
Performs Continuing Safety Education for all Employees.		

Safety/Health Professional Conta	act:		
Name:	Title:	Phone:	Email:

- 5. List the construction experience of the principal individuals of your organization. (or provide resumes)
- 6. List the major construction projects that your organization has completed in the last five (5) years. Designate the project name, owner's representative, phone #, architect phone #, your status as prime or subcontractor, General Contractor/Construction Manager reference, contract amount, schedule, type of project (attach separate sheet if necessary).
- 7. Have you ever failed to complete any work awarded to you? If so, note what, when, where, and why.
- **8.** Attach a dated financial statement or balance sheet for your company. Include the name of the firm who prepared the statement.
- **9.** Has your firm ever had financial difficulties that resulted in declaring Chapter 11? Have any vendors put liens against your firm?



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Provide Financial References.								
Name of Bank	Contact		F	Phone Number				
Name of Bank	Contact		F	Phone Number				
Provide Client References.								
Name of Client	Contact		F	Phone Number				
Name of Client	Contact		F	Phone Number				
Name of Client	Contact		F	Phone Number				
Provide Supplier References.								
Name of Supplier	Contact		F	Phone Number				
Name of Supplier	Contact		F	Phone Number				
Name of Supplier	Contact		F	Phone Number				
<ul><li>Name of Insurance Company: (name, address and phone number of agent, current limits).</li><li>Bonding:</li></ul>								
Please provide the following bonding info	ormation:							
	ond Rating	Bonding Capacity	Single Proje	ct Aggregate	Bond Cost (%)			
	ond Natirig	Donaing Capacity		Aggi egale				
Name of Bonding Company			Contact		Phone Number			
Last Type of Bond Issued			Date	Amount (\$)	1			
I hereby certify that the information subminisleading.  Completed By:  (Print)				(Signature)				
Title: Date Completed:								
For Official Use Only								
Financial Review:		Dat	te:					
Safety/Insurance Review:	Dat	Date:						