Logo, company name

Description automatically generated**Sample Subcontractor Pre-qualification Template**

**Business Information**

Business Name:       DBA:

Entity:  C-Corporation  S-Corporation  LLC  Partnership  Joint Venture  LLP  Sole Proprietor

State of incorporation:       Date Founded:

MBE, WBE, DBE, Or ESB Certified:  Yes  No

Certification and Certification Number (Minority Business Enterprise, Women’s Business Enterprise, Disadvantaged Business Enterprise, Emerging Small Business):

**Principals/Owners**

|  |  |  |
| --- | --- | --- |
| **Name & Title** | **% Ownership Stake** | **Years with Business** |
|  |  |  |
|  |  |  |
|  |  |  |

Business Street Address:

Mailing Address (if different):

Telephone:       Fax:       Email of primary bid contact:

Website URL:

Bid Contact:       Phone:       Email:

Federal Employer Identification Number (FEIN):

Previous Business Name:

Parent Company:       Subsidiaries:

States you currently do work in:      

**Safety**

Workers’ Compensation Experience Modification Rate (EMR) for the last 5 years?

20   EMR:       20   EMR:       20   EMR:       20   EMR:       20   EMR:

Please explain any year above a 1.0 EMR Rate including actions taken to address:

|  |  |  |  |
| --- | --- | --- | --- |
| **Data from OSHA 300 Log/300A** | **Year 20** | **Year 20** | **Year 20** |
| Total # of fatalities |  |  |  |
| Total # of OSHA Recordable Incidents |  |  |  |
| Total # of cases with days away from work |  |  |  |
| Total # of cases with job transfer or restriction |  |  |  |
| Total # of other Recordable Cases: |  |  |  |
| Total # hours worked by all employees: |  |  |  |

*To help evaluate and benchmark injury data, go to* <https://injuryfacts.nsc.org/work/industry-incidence-rates/how-to-benchmark/>

Do you have a Safety Director/Manager?     If no, who is responsible for safety at your firm?

Do you have a written safety program?     If so, please include a copy How long has it been in place?

Do you have a formal and documented safety training program (including orientation, toolbox talks, continuing, etc.)?

Do you conduct formal safety inspections?     If yes, by whom and how often?       Are reports generated?

Do you require JHA (Job Hazard Analysis) or Pre-Task Plans on the job?

Do you have an employee with qualifications and experience to develop a site-specific safety plan?

Have you had any Federal OSHA or State OSHA violations for serious, willful, repeat within the last 5 years?

If yes, explain:

Any EPA Violations last 5 years?     If yes, explain:

Will you provide a competent person for each job (where hazards require)?

Drug & alcohol program?

Check Program Components:  Pre-hire  Post hire  Random  Reasonable suspicion  Post accident

Do you have a FMCSA/DOT regulated vehicles?     DOT number:       DOT Safety Rating?

**Quality Control/Quality Management**

Do you have a Quality Control Manager/Director?     If so, name:

Do you have Quality Control Manual?     If yes, please provide a copy.

Do you maintain Quality Control documentation (test logs, material submittal logs, non-conformance logs, daily job logs, photos, etc.)?     If yes, explain:

If no, please explain:

Do you utilize a construction/project management software?     If yes, please detail:

**Financial/Legal**

Has your operation or the principals been involved in any bankruptcy in last 10 years?

If yes, explain:

Has your operation or the principals failed to complete contracted work, defaulted on a contract or had a contract terminated?

If yes, explain:

Are there any pending or past (criminal or civil) lawsuits, judgements, arbitration or mediation against your organization or principals or that you have filed against others in last 10 years?     If yes, explain:

**Gross Revenue**

Projected this year, 20  :       Projected next year, 20  :       1st Prior Year:

2nd Prior Year:       3rd Prior Year:

Largest Contracts (last 3 years):

**Banking**

Bank Name:       Branch:       Credit Line Amount:       Dun & Bradstreet:       D&B Number:       D&B Rating:       Date of Rating:       List any outstanding loan/debt that exceeds 20% of current net worth:

Please provide information regarding business associations, ownership interests, financial interests, etc. that could create a conflict of interest between subcontractor and contractor, developer, owner:      

**Insurance/Bonding**

Bonding/Surety Company:       Years with:       Surety Broker:       Contact Person:       Total Bonding Capacity:       Per Project:       Current Bond:       Public Works Bond:

At any time during the past 5 years, has a surety company made any payments on your firm’s behalf?

Workers’ Compensation Per Statute:  Yes  No

Insurance Agent/Broker:       Years with:

**Notate if you currently carry, or you can obtain the following minimum insurance coverage:**

Workers’ Compensation (Statutory)  Yes  No

Employer Liability ($500,000 per Accident, Disease, Employee)  Yes  No

Automobile Liability ($1,000,000)  Yes  No

General Liability ($1M per occurrence; $2M general/products - completed ops aggregate)  Yes  No

Umbrella Liability ($1,000,000)  Yes  No

Professional Liability\* ($1,000,0000)  Yes  No

Pollution Liability\*\* ($1,000,0000)  Yes  No

\*Coverage required if engaging in (in-house) engineering, delegated or self-performed design work, design build or construction management/consultation services.  
\*\*Coverage required if contractors engage in handling, applying, delivering “pollutants” on or to the jobsite.

If current limits exceed minimums (e.g. Umbrella Liability), please detail:

**Licenses**

List all pertinent State and Professional licenses:

Any claims against the license in the last 5 years:       Unpaid Claims, last 5 years:       Civil Penalties:

Any Suspensions:       Disciplinary Actions:

If yes, Explain:

**Experience**

Do you have experience with the type of work being bid?       If yes, explain:

Years of experience working on similar projects:       Total % of work over last 3 year’s on similar projects:

Largest 3 projects in last 5 years:

* Please attach a Current (Work in Progress) WIP List for last year.
* Please attach a list of recently completed projects (1 year).

Describe top 3 industries you perform work for (e.g. industrial, residential, multi-family, governmental/municipal, commercial, institutional, etc):

Please list three General Contractor References

1. Company Name:       Contact Name:       Phone Number:
2. Company Name:       Contact Name:       Phone Number:
3. Company Name:       Contact Name:       Phone Number:

List industry affiliations/memberships (Trade, National, Local, etc.):

List any industry awards:

**Employees**

**Number of Employees**

Current:       1st Prior (average):       2nd Prior (average):       3rd prior (average):

Do you E-Verify new employees?  Yes  No

Union:  Yes  No

If yes, Signatory Labor Union:

|  |  |
| --- | --- |
| **Union Name and Local Number** | **% of Employees** |
|  |  |
|  |  |

Annual Employee Turnover %:       Average Tenure of Field Supervisory Personnel:

Jobsite Superintendent/Foreman/Leads maintain:

OSHA 10:       OSHA 30:       MSHA:

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