



**5533 Fair Lane, Cincinnati, Ohio 45227**  
**513.731-7300**

**SUBCONTRACTOR PRE-QUALIFICATION FORM**

- Part 1 General Company Information
- Part 2 Previous Project History
- Part 3 Safety Information
- Part 4 Financial Information
- Part 5 Company/Project Experience

**Part 1: General Company Information**

- 1.1 Contact Information
  - Company Name: \_\_\_\_\_
  - Company Trade(s): \_\_\_\_\_
  - Contact \_\_\_\_\_
  - Title \_\_\_\_\_
  - Telephone Number: \_\_\_\_\_
  - Email Address \_\_\_\_\_

Certification of Accuracy: The undersigned certifies that the information provided within this entire Subcontractor Pre-Qualification Form, referenced information and attached to this document is true, factual, and sufficiently complete as to not be misleading.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Authorized Official, Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

NOTE: For all attachments included in your response, indicate on the attachment itself or with some other identification marker to which section of the prequalification form the attachment references.

**1.2 Company Information:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Company Web Address: \_\_\_\_\_  
Company contact: \_\_\_\_\_  
Contact Title: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

**1.3 Company Key Contact & Employee Information:**

Project Manager;      Name: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

Superintendent:      Name: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

Estimator:              Name: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

Safety:                  Name: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

Accounting:             Name: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

Insurance:              Name: \_\_\_\_\_  
                                 Phone: \_\_\_\_\_  
                                 Email: \_\_\_\_\_

Number of field foreman presently employed by your company: \_\_\_\_\_

Number of craft workers / field technicians presently employed by your company: \_\_\_\_\_

Number of project managers presently employed by your company: \_\_\_\_\_

Number of superintendents presently employed by your company \_\_\_\_\_

**1.4 Company General Information:**

Period (in years) in which your company has been actively engaged in business: \_\_\_\_\_

Period (in years) in which your company has been doing business under its present name:  
\_\_\_\_\_

State former names in which your company has operated under, if any: \_\_\_\_\_

Is your organization legally qualified to do business in the State of Ohio: Yes  No   
(Provide copy of all applicable Licenses and/or Certificates)

Is your organization a corporation? Yes  No

If yes, State of Incorporation: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Furnish, Install, or Both: \_\_\_\_\_

Annual Work Capacity: \$ \_\_\_\_\_

Value of Current Workload: \$ \_\_\_\_\_

Value of Current Backlog: \$ \_\_\_\_\_

2016 Annual Volume Work-in-Place \$ \_\_\_\_\_

2015 Annual Volume Work-in-Place \$ \_\_\_\_\_

2014 Annual Volume Work-in-Place \$ \_\_\_\_\_

Circle the appropriate contract size range(s) which would apply to your company's typical work capacity:

- Under \$500,000
- Between \$500,000 and \$1,000,000
- Between \$1,000,000 and \$2,500,000
- Between \$2,500,000 and \$5,000,000
- Between \$5,000,000 and \$7,500,000
- Between \$7,500,000 and \$10,000,000

Your organization is: Union  Merit  Open Shop

If Union, list any Union Trade Agreements your organization presently has in effect and the termination date(s) of said Trade Agreements.

If Union, are all of your organization's union benefits current? Yes  No

Your company's State of Ohio Sales Tax ID#: \_\_\_\_\_

Is your organization's trade legally licensed to do business in the State of Ohio?

Yes  No  N/A

Provide and attach copies of all applicable contractor trade licensing information for your company; copies of licenses must indicate the state in which the license was issued, the name of the board or issuing agency, your company and company's representative's name, license number, and license expiration date. If license(s) not attached, indicate reason.

Does your company have an Equal Employment Opportunity policy in effect? Yes  No

Provide and attach a valid certificate of compliance issued by the EOC under ORC Section 9.47 to prove that your company has not violated any affirmative action program during the last five (5) years preceding the date of this prequalification form. If certificate is not attached, indicate reason. See attached.

### 1.5 Disadvantaged Business Status

Check all that apply:

	Certifying Agency	Certification Number	Expiration Date
Minority	_____	_____	_____
Women	_____	_____	_____
EDGE	_____	_____	_____
Veteran	_____	_____	_____
Small Business	_____	_____	_____
Hub Zone	_____	_____	_____
Other (List)	_____	_____	_____

If applicable, provide and attach a current copy of Certification(s)

If in the process of receiving Certification(s), provide and attach applicable status information.

**PART 2: Previous Project History**

**2.1 Past Projects**

List the three (3) largest projects completed in the last two (2) years, including references, contacts and phone numbers. Attach separately, if applicable.

- 1. Job Name \_\_\_\_\_ Owner: \_\_\_\_\_ Project GC/CM \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Value \_\_\_\_\_ GC/CM Reference: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ GC/CM Phone: \_\_\_\_\_
  
- 2. Job Name \_\_\_\_\_ Owner: \_\_\_\_\_ Project GC/CM \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Value \_\_\_\_\_ GC/CM Reference: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ GC/CM Phone: \_\_\_\_\_
  
- 3. Job Name \_\_\_\_\_ Owner: \_\_\_\_\_ Project GC/CM \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Value \_\_\_\_\_ GC/CM Reference: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ GC/CM Phone: \_\_\_\_\_

**2.2 Paste Project EDGE Participation**

Is your company EDGE certified or able to provide EDGE certified services? Yes  No

**2.3 Past Project Completion:**

Has your company been assessed liquidated damages on any project in the past four (4) years?  
Yes  No  If yes, provide a detailed explanation of circumstances and attach.

Has your company ever failed to complete a project they were awarded and contracted:  
Yes  No  If yes, provided a detailed explanation of circumstances and attach.

Has your company ever failed to complete any scope of work it was awarded?  
Yes  No  If yes, provide a detailed explanation of circumstances and attach.

Has your company ever been assessed liquidated damages for not completing work as scheduled?  
Yes  No  If yes, provide a detailed explanation of circumstances and attach.

Has your company ever been issued a deduct change order for work completed by others your company failed to complete? Yes  No   
If yes, provide a detailed explanation of circumstances and attach.

**Part 3: SAFETY**

**3.1 EMR Information**

Provide your company's Workers' Compensation Experience Modification Rate (EMR) for the previous four (4) years: (EMR as provided by your Worker's Compensation Insurance Provider)

Year 2014	_____
Year 2015	_____
Year 2016	_____
Year 2017	_____

Provide detailed information to substantiate any substantial variations from year-to-year increases or decreases in the above EMR rates.

Provide and attach a letter from your current insurance carrier stating your current EMR rate.

Is your current EMR for the most recent calendar year equal to or below 1.0? Yes  No

If no, provide a detailed explanation and/or summary of your company's actions to reduce this EMR.

**3.2 OSHA Information**

This section must be completed using the OSHA Form 300A. Provide the following safety information and use your company’s OSHA Form 300A to calculate:

Incident Rate (Total Recordable Accidents)  
 (Columns G+H+I+J) / Total hours worked for the year x 200,000 = Company’s Incident Rate

Frequency Rate (Lost Time Cases)  
 (Columns H+I) / Total hours worked for the year x 200,000 = Company’s Frequency Rate

Severity Rate (Lost Days)  
 Columns K+L) / Total hours worked for the year x 200,000 = Company’s Severity Rate

	Year 2014	Year 2015	Year 2016
Incident Rate	_____	_____	_____
Frequency Rate	_____	_____	_____
Severity Rate	_____	_____	_____
Fatalities	_____	_____	_____
OSHA Citations/Year	_____	_____	_____
Hours Worked / Year	_____	_____	_____

List the states included in the above safety statistical information: \_\_\_\_\_

Provide and attach a copy of your company’s complete last four (4) years OSHA 300A Forms.

**3.3 Safety Personnel:**

Provide and attach your company’s safety representative(s) and qualifications. See attached.

Does your company have a published safety policy provided and signed off by all company employees? Please attach a copy of your safety policy.

**3.4 DFWP Status:**

Does your company have a Drug-Free Workplace Program (DFWP) in place?  
 Yes  No

If yes, is your DFWP certified by the State of Ohio BWC? Yes  No  Certification attached.

If yes, provide the BWC Policy Number: \_\_\_\_\_

**Part 4: Financial Information** (This information is not a public record under Ohio Revised Code Section 149.43 and shall remain confidential, except under proper order of a court.)

**4.1 Banking, Insurance, Bonding and Financial Information**

Provide Primary Banking Institution information:

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact: \_\_\_\_\_

Provide Insurance Company Information:

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Current Limit(s) \_\_\_\_\_

Provide Bonding (Surety) Company Information:

Bonding Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Current Limit(s) \_\_\_\_\_

Has your company had a bond enacted in the last four (4) years? Yes  No   
If yes, provide detailed explanation on a separate sheet of paper and attach.

Has your company ever defaulted on a bond in the last four (4) years? Yes  No   
If yes, provide detailed explanation on a separate sheet of paper and attach.

Is your company currently able to secure a bond? Yes  No   
If yes, what is your company's current bond rate? \_\_\_\_\_ %  
If yes, what is your company's current available bonding capacity? \$ \_\_\_\_\_



If your company is not currently able to secure a bond, does your company currently hold a line of credit? Yes  No

#### **4.2 Judgments, Liens or Bankruptcy Information**

Are there any judgments, claims, arbitrations, proceedings, or suits pending or outstanding against your company or any of its officers? Yes  No

If yes, provide detailed explanation on a separate sheet and attach.

How many claims/litigation issues has your company been involved in the last five (5) years? \_\_\_\_\_  
What was the dollar amount magnitude? \_\_\_\_\_

Has your company filed any lawsuits or requested arbitration in regards to any construction contracts within the last five (5) years? Yes  No

If yes, provide detailed explanation on a separate sheet and attach.

Has your company ever had financial difficulties that resulted in declaring Chapter 11?

Yes  No

Has your company had liens placed against them by any vendors/subcontractors in the last four (4) years? Yes  No