

# SUBCONTRACTOR / VENDOR PRE-QUALIFICATION FORM



**BEFORE COMPLETING THIS FORM, PLEASE SAVE IT TO YOUR COMPUTER, THEN EMAIL IT TO US AT  
PREQUALIFY@JOHNSONKREIS.COM**

DATE: \_\_\_\_\_ PERSON COMPLETING FORM: \_\_\_\_\_  
PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**COMPANY INFORMATION: (Please print or type)**

LEGAL BUSINESS NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

List the corporate officers, partners, or proprietors of your firm. If more space is needed, list on separate sheet of paper and attach to this form.

Name / Title / % Ownership: \_\_\_\_\_  
Name / Title / % Ownership: \_\_\_\_\_  
Name / Title / % Ownership: \_\_\_\_\_  
Name / Title / % Ownership: \_\_\_\_\_

**COMPANY ORGANIZATION:**

CORPORATION       SOLE PROPRIETOR       LLC       GENERAL OR LIMITED       JOINT VENTURE

DATE ESTABLISHED: \_\_\_\_\_ STATE WHERE ESTABLISHED: \_\_\_\_\_

List states / metro areas in which authorized to do work (Please include license #)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY PROFILE:**

TYPE OF COMPANY:

SUBCONTRACTOR (FURNISH & INSTALL)     SUBCONTRACTOR (INSTALL ONLY)     SUPPLIER (MATERIALS ONLY)

PROJECT SIZE (Please check all that apply)

\$100,000 or below       \$100,001 - \$250,000       \$250,001 - \$500,000       \$500,001 - \$999,999       \$1,000,000 +

# OF EMPLOYEES (field & office): \_\_\_\_\_ CURRENT # OF ONGOING PROJECTS: \_\_\_\_\_

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## BONDING & INSURANCE:

BONDING COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOTAL BONDING CAPACITY: \_\_\_\_\_ CURRENT AVAILABLE CAPACITY / SINGLE JOB: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do you currently carry, or can you obtain the following insurance coverages?

- |   |                                      |                              |                             |
|---|--------------------------------------|------------------------------|-----------------------------|
| Workers' Compensation Statutory Maximum at the Project Site Location?                                       |                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Employer Liability  | Each Accident: \$1,000,000           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|   | Disease Policy Limit: \$1,000,000    |                              |                             |
|   | Disease Each Employee: \$1,000,000   |                              |                             |
| General Liability   | General Aggregate: \$2,000,000       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|   | Products / Completed                 |                              |                             |
|   | Operations Aggregate: \$2,000,000    |                              |                             |
|   | Personal & Advertising: \$1,000,000  |                              |                             |
|   | Injury: \$1,000,000                  |                              |                             |
|   | Each Occurrence: \$1,000,000         |                              |                             |
| Automobile Liability  | Combined Single Limit: \$1,000,000   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Umbrella Liability  | Limits: Each Occurrence: \$5,000,000 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|   | Aggregate: \$5,000,000               |                              |                             |
| Equipment Floater insuring equipment used by the Subcontractor on the Project at its full replacement value |                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## FINANCIAL / EXPERIENCE:

WHAT IS YOUR LARGEST PROJECT COMPLETED TO DATE?

PROJECT NAME: \_\_\_\_\_ GENERAL CONTRACTOR: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_ FINAL SUBCONTRACT AMOUNT: \_\_\_\_\_

WHAT IS YOUR LARGEST PROJECT IN PROGRESS?

PROJECT NAME: \_\_\_\_\_ GENERAL CONTRACTOR: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_ FINAL SUBCONTRACT AMOUNT: \_\_\_\_\_

WHAT IS YOUR CONTRACT VOLUME FOR THE PREVIOUS THREE YEARS?

20\_\_\_\_: \_\_\_\_\_ 20\_\_\_\_: \_\_\_\_\_ 20\_\_\_\_: \_\_\_\_\_

HAS YOUR COMPANY BEEN IN BANKRUPTCY WITHIN THE PAST TEN YEARS?  YES  NO

IS THERE ANY CLAIM, JUDGEMENT, LITIGATION, OR ARBITRATION PENDING INVOLVING YOUR COMPANY?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

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## SAFETY:

DOES YOUR COMPANY HAVE A WRITTEN SAFETY PROGRAM?  YES  NO

DOES YOUR COMPANY HAVE A WRITTEN POLICY AGAINST DRUGS, ALCOHOL, & FIREARMS?  YES  NO

DOES YOUR COMPANY DRUG TEST?  YES  NO

WHAT IS YOUR CURRENT EXPERIENCE MODIFICATION RATE (EMR) FOR WORKERS' COMPENSATION? \_\_\_\_\_

WHAT IS YOUR OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) INCIDENCE RATE FOR THE PAST 3 YEARS?

20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_ 20\_\_ : \_\_\_\_\_

HAS YOUR COMPANY RECEIVED ANY OSHA CITATION OF FINE DURING THE PAST 5 YEARS?  YES  NO

IF YES, PLEASE EXPLAIN (Year, Citation, Fine Amount): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## VENDOR REFERENCES:

List 3 vendor references who you have bought from in the last 12 months.

1. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

3. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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## GENERAL CONTRACTING REFERENCES:

List 3 General Contractors with whom you have worked for in the last 12 months.

1. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
2. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
3. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

## BANK REFERENCES:

List 2 banks with whom you have worked with in the last 24 months.

1. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
4. BUSINESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ DIRECT: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

## DIVERSITY CERTIFICATIONS YOUR ORGANIZATION HOLDS:

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| WOMEN OWNED BUSINESS    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| MINORITY OWNED BUSINESS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| VETERAN OWNED BUSINESS  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| OTHER (PLEASE LIST)     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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