

## Subcontractor Pre-Qualification Worksheet

Subcontractor prequalification is an integral part of our risk management program and a prerequisite for working with Fitzgerald Construction, LLC. Please complete the enclosed subcontractor prequalification questionnaire to help us better understand your operational capabilities, safety record, and liquidity. With the information provided, we establish an aggregate contractual threshold limit and update our estimating database for consideration on future projects.

As part of this submission, we require a recent balance sheet showing your current assets, current liabilities, and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only reviewed by our financial manager.

### I. COMPANY INFORMATION:

- A. Company Legal Name: \_\_\_\_\_  
 B. Subsidiaries and Divisions: \_\_\_\_\_

\_\_\_\_\_

C. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E. Website: \_\_\_\_\_

F. Specialties – please complete the attached CSI code listing to help our estimating department properly associate your company with those scopes of work that you would like to bid upon.

G. Federal Employer ID #: \_\_\_\_\_

H. Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

I. Company Type:     Corporation                       Partnership                       LLC  
                           Wholly-owned Subsidiary                       Sole Proprietor                       Joint Venture

J. Parent Company Name (if applicable): \_\_\_\_\_

K. Year Founded: \_\_\_\_\_

L.     Non-union                       Union                      Name of Union: \_\_\_\_\_

M. Average Number of Employees: Office \_\_\_\_\_ Field \_\_\_\_\_

N. Officers and Owners (list all officers and all owners with greater than 10% ownership):

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

O. Primary points of contact within your organization:

Department	Email	Name	Phone #	Fax #
Estimating				
Accounting				
Warranty				
Safety				

P. Has your firm gone through an ownership change in the last 12 months?

No                       Yes                      If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

II. SAFETY INFORMATION

A. Provide your worker's compensation experience modification factors for the last 3 years

\_\_\_\_\_  
 Current                                      Last Year                                      Two years ago

B. In the last 5 years, has your company been cited by OSHA for a "serious" or "willful" violation?  
 No                       Yes                      If yes, please explain:

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

C. Provide a copy of your current OSHA 300 log as an attachment to this form.

III. FINANCIAL INFORMATION

- A. Dun & Bradstreet#: \_\_\_\_\_  
 B. Historical Financial information (past three years)

Year Ending	Revenue	Ending Backlog

- C. Current year projections:
- |                                    |  |
|------------------------------------|--|
| Revenue (\$)                       |  |
| Current Backlog (\$)               |  |
| Current # of Projects in Progress  |  |
| Average Contract Size              |  |
| Largest Contract in past 36 months |  |
| Number of LEED projects completed  |  |

D. Provide a recent balance sheet – as part of this submission, we require a recent balance sheet showing your current assets, current liabilities, and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only viewed by our Financial Manager.

E. Bank Line of Credit: \$ \_\_\_\_\_ Unused Portion: \$ \_\_\_\_\_

F. Name of Primary Bank: \_\_\_\_\_

G. Auditor/Outside Accountant's name (firm name): \_\_\_\_\_

H. Describe all lawsuits and judgments against your company in the last 2 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Have any of your principals or officers ever filed for bankruptcy either personally or for a business they were associated with?

No                       Yes                      If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

IV. SURETY AND BONDING

- A. Surety Company (indicate if none): \_\_\_\_\_
- B. Surety Broker/Agent Name: \_\_\_\_\_
- C. Surety Broker/Agent Phone #: \_\_\_\_\_
- D. Bonding Capacity (please provide bonding capacity letter from bonding agent)  
 Per job: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_
- E. Bond Rate (per thousand): \_\_\_\_\_

V. INSURANCE INFORMATION

Fitzgerald Construction LLC requires the following insurance from its subcontractors:

MINIMUM LIMITS OF LIABILITY: Suncontractor will obtain insurance with limits as specified below, or such higher limits if imposed by Owner or by the Prime Contract Documents.		
<b>Type of Insurance</b>	<b>Limits Required</b>	
<b>Commercial General Liability</b>		
Premises/Operations	General Aggregate (Per Project)	\$ 2,000,000
Products/Completed Operations	Products Comp/OPS Aggregate	\$ 2,000,000
Contractual	Personal & Advertising Injury	\$ 1,000,000
Independent Contractors	Each Occurrence/Combined	\$ 1,000,000
Broad Form Property Damage	Single Limit (BI/PD)	
<b>Automobile Liability</b>		
Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$ 1,000,000
Hired Autos	Bodily Injury (Per Accident)	\$ 1,000,000
Non-Owned Autos	Property Damage	\$ 1,000,000
	or Combined Single Limit	\$ 1,000,000
Umbrella Liability Per Project Aggregate	All Subcontractors	\$ 5,000,000
<b>Workers' Compensation (Coverage A)</b>		
Employer's Liability (Coverage B)	Coverage A - Statutory	
	Coverage B - \$500 (Each Accident)	
	\$500 (Disease-Policy Limit)	
	\$500 (Disease-Each Employee)	
<b>Errors and Omissions (When any design or professional service of any type is supplied)</b>		
	Per Occurrence/Claim	\$ 1,000,000
	Aggregate with 3 Year Tail if Claims Made	\$ 1,000,000

A. Do your Company's existing insurance policies meet these requirements?

No       Yes      If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Please provide a sample of your insurance certificate as an attachment to this form.

VI. PERFORMANCE INFORMATION

A. Has an owner or general contractor terminated your contract for cause in the last five (5) years?

No       Yes      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Has your Company failed to complete any construction contracts in the last 5 years?

No             Yes            If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Provide 5 supplier or financial trade references as an attachment to this form, including name, address, contact, and phone number.

D. Provide the firm , contact name and phone number of the general contractor and architect along with the contract amount for your current projects:

	<u>Project 1</u>	<u>Project 2</u>	<u>Project 3</u>
Project Name	_____	_____	_____
Contract Value (\$)	_____	_____	_____
GC Firm Name	_____	_____	_____
GC Contact Name	_____	_____	_____
GC Contact Phone #	_____	_____	_____
Architect Firm Name	_____	_____	_____
Architect Contact Name	_____	_____	_____
Architect Contact #	_____	_____	_____

VII. MINORITY INFORMATION

A. Please check all that apply:

- \_\_\_\_\_ MBE (minority business)
- AABE (African American Business)
  - ABE (Asian American Business)
  - HBE (Hispanic Business)
  - NABE (Native American Business)
  - WBE (Women’s Business)
  - DBE (Disadvantage Business)
  - SBE (Small Business)
  - HUB (Historically Underutilized Business)
  - None of the Above

B. Certification Status:

- N/A
- Self
- Public
- Private

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

NMSDC Affiliates: \_\_\_\_\_

(National Minority Supplier Development Council)

VIII. SIGNATURES OF SUBCONTRACTOR

IX. FITZGERALD CONSTRUCTION USE ONLY

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Approve?  No  Yes

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

Aggregate Limit: \_\_\_\_\_

Attachments included:

- Specialties identification/CSI code listing
- Current OSHA 300 Log
- Balance Sheet
- Sample Insurance Certificate
- Surety reference letter
- Supplier Financial Trade Reference
- Form W-9

CSI code

- Air Conditioning
- Awnings
- Carpet
- Ceiling
- Cleaning
- Concrete
- Data Systems
- Demo
- Dock
- Doors
- Drywall
- Dumpster
- Electrical
- Fence
- Fire
- Floor Polishing
- Glass
- Insulation
- Landscaping
- Metal Building
- Metal Works
- Misc
- Painting
- Paving
- Plumbing
- Roofing
- Septic
- Site
- Stucco
- Supplier
- Surveyor
- Tree Trimming
- Waterproofing
- Welding
- Well