
Subcontractor Prequalification Application

GENERAL

COMPANY: _____

PRIMARY ADDRESS: _____ PHONE: _____
(MAILING) _____
_____ FAX _____

SECONDARY ADDRESS: _____ PRIMARY E-MAIL: _____
_____ ESTIMATING E-MAIL: _____

SUBMITTED BY: _____ WEBSITE: _____

COMPANY PRINCIPALS: _____ YEARS IN BUSINESS: _____
_____ FEDERAL ID #: _____
_____ LICENSE NUMBER: _____
_____ LICENSE NUMBER: _____
_____ LICENSE NUMBER: _____

NAME OF PROJECT (if applicable): _____

SCOPES OF WORK PERFORMED _____ CORPORATION _____
_____ PARTNERSHIP _____
_____ INDIVIDUAL _____
_____ JOINT VENTURE _____
_____ OTHER _____
IF OTHER, DESCRIBE _____

ARE YOU A MINORITY OWNED BUSINESS: _____
TYPE: _____
CERTIFICATION: _____

INSURANCE & GUARANTY

INSURANCE AGENCY: _____
CONTACT: _____
PHONE: _____ FAX: _____

PLEASE PROVIDE COPY OF YOUR CURRENT CERTIFICATE OF INSURANCE

BONDING COMPANY: _____

BONDING AGENT: _____
CONTACT: _____
PHONE: _____ FAX: _____

SINGLE PROJECT CAPACITY: _____
TOTAL BONDING PROGRAM: _____
(Please attach bondability letter if possible)

SAFETY

DO YOU HAVE A WIRTTEN SAFETY PROGRAM: _____ **IF YES, PLEASE ATTACH**

DATE CREATED: _____ DATE UPDATED: _____

DO YOU HAVE A WIRTTEN DRUG AND ALCOHOL PROGRAM: _____ **IF YES, PLEASE ATTACH**

WHO MANAGES YOUR SAFETY PROGRAM: _____

PROVIDE CURRENT YEAR EXPERIENCE MODIFIER RATE (EMR) _____

WHAT WAS YOUR EMR FOR THE PREVIOUS THREE YEARS _____

PROVIDE YOUR YTD TOTAL RECORDABLE INCIDENCE RATE (TRIR) _____

WHAT WAS YOUR TRIR FOR THE PREVIOUS THREE YEARS _____

PROVIDE YTD LOST TIME INCIDENCE RATE (LTIR) _____

WHAT WAS YOUR LTIR FOR THE PREVIOUS THREE YEARS _____

WERE THERE ANY FATALITIES WITHIN THE LAST 5 YEARS? _____

IF YES, ATTACH DETAILS _____

PROVIDE MANHOURS FOR THE PREVIOUS THREE YEARS _____

DO YOU HAVE A WIRTTEN QA/QC PROGRAM: _____ **IF YES, PLEASE ATTACH**

DATE CREATED: _____ DATE UPDATED: _____

STAFFING

WHAT IS YOUR CURRENT NUMBER OF EMPLOYEES

EXECUTIVES _____ SUPERINTENDENTS _____

PROJECT MANAGERS _____ FOREMAN _____

ESTIMATORS _____ JOURNEYMEN _____

ADMINISTRATIVE _____ LABORER _____

FINANCIAL

BANK NAME: _____

CONTACT: _____

PHONE: _____ FAX: _____

WHAT IS THE DATE THE ORGANIZATION WAS FORMED: _____

HAVE YOU EVER OPERATED UNDER ANOTHER NAME: _____

HAVE YOU EVER BEEN BANKRUPT: _____

DO YOU HAVE ANY PENDING JUDGEMENTS: _____

HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE A PROJECT: _____

REFERENCES

PROJECT REFERENCES

LIST MAJOR PROJECTS CURRENTLY IN PROGRESS

JOB NAME: _____ CONTACT: _____
GENERAL CONTRACTOR: _____ PHONE: _____
SUBCONTRACT VALUE: _____ FAX: _____
LOCATION: _____ E-MAIL: _____

JOB NAME: _____ CONTACT: _____
GENERAL CONTRACTOR: _____ PHONE: _____
SUBCONTRACT VALUE: _____ FAX: _____
LOCATION: _____ E-MAIL: _____

JOB NAME: _____ CONTACT: _____
GENERAL CONTRACTOR: _____ PHONE: _____
SUBCONTRACT VALUE: _____ FAX: _____
LOCATION: _____ E-MAIL: _____

JOB NAME: _____ CONTACT: _____
GENERAL CONTRACTOR: _____ PHONE: _____
SUBCONTRACT VALUE: _____ FAX: _____
LOCATION: _____ E-MAIL: _____

LIST THE LAST 3 MAJOR PROJECTS COMPLETED

JOB NAME: _____ CONTACT: _____
GENERAL CONTRACTOR: _____ PHONE: _____
SUBCONTRACT VALUE: _____ FAX: _____
LOCATION: _____ E-MAIL: _____
DATE COMPLETED: _____

JOB NAME: _____ CONTACT: _____
GENERAL CONTRACTOR: _____ PHONE: _____
SUBCONTRACT VALUE: _____ FAX: _____
LOCATION: _____ E-MAIL: _____
DATE COMPLETED: _____

JOB NAME: _____ CONTACT: _____
GENERAL CONTRACTOR: _____ PHONE: _____
SUBCONTRACT VALUE: _____ FAX: _____
LOCATION: _____ E-MAIL: _____
DATE COMPLETED: _____

PREPARED BY: _____ DATE: _____
TITLE: _____ SIGNATURE: _____

File will be held confidential by Blacktech Solutions Corp management

To be completed by Blacktech Solutions Corp Management

Approved By: _____

Date: _____