

Subcontractor/Vendor Prequalification Form

Referred by

Robins & Morton Contact: Robins & Morton Project:
Have you worked with R & M before? Yes No

I. General Information

Company Federal ID Number
Address Year Business Started
 Main Contact
City Contact Title
State Zip Code

Contractor's License(s), States and Numbers

State	Contract Number	Exp Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone
Fax
Email
Website

Union Yes No Subcontractor Vendor/Supplier

II. Organization

Business Type: Corporation Partnership Limited Liability Company Sole Proprietor Joint Venture

List the name, title, years with company and percent of ownership of the company's principals:

Name	Title	Number of Yrs w/ Co	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your company owned or controlled by a parent company or other organization? Yes No

Provide name of parent company:

Provide number of: Office Staff Field Supervisors Average Field Labor Average Shop Labor

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II. Organization (continued)

Check applicable certification(S): **ATTACH COPIES OF CERTIFICATIONS FOR EACH QUALIFYING SBA CLASSIFICATION.**

- | | |
|--|---|
| <input type="checkbox"/> Large business (no special classification) | <input type="checkbox"/> Small Business enterprise (SBE) |
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Veteran Owned Small Business (VOSB) |
| <input type="checkbox"/> HUBZone Small Business | <input type="checkbox"/> Service Disabled Veteran Owned small Business (SDVOSB) |
| <input type="checkbox"/> Small Disadvantages Business (SDB) | <input type="checkbox"/> Women Owned small Business (WOSB)/(WBE) |
| <input type="checkbox"/> 8(a) Certified Small Disadvantaged Business | <input type="checkbox"/> Alaskan native Corporation (ANC) |
| <input type="checkbox"/> Native American/Indian Tribe | <input type="checkbox"/> Other _____ |

III. Legal Information

- Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your firm, its officers, or principals?
 Yes No If yes, please attach a complete explanation.
- Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?
 Yes No If yes, please attach a complete explanation.
- Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?
 Yes No If yes, please attach a complete explanation.

IV. Financial Information

Annual Volume

What was the average annual revenue from work completed in the last five (5) years and what is next year's forecasted revenue?

Year	Year	Year	Year	Year	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Revenue	Revenue	Revenue	Revenue	Revenue	Forecasted Revenue
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To prequalify for a contract of any value, attach copies of your most recent annual financial statements (balance sheet, income statement and cash flow, as well as a current work in progress report). If your annual statements are more than six months old, please also include your most recent quarterly statement. R & M uses this information strictly for prequalification purposes and will not disclose this information to any third parties.

Previous experience with Textura-CPM? Yes No

Textura-CPM is an online construction payment management system used by R&M to facilitate the payment process. Visit www.texturallc.com for more information.

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V. Safety

OSHA Record

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?

Yes No If yes, please attach a detailed description of the incident (include – location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

Workers' Compensation

Please list your firm's workers' compensation experience modification rate (EMR) for the last three (3) years and attach written documentation from your insurance broker confirming these rates.

Year	<input type="text"/>	Year	<input type="text"/>	Year	<input type="text"/>
Rate	<input type="text"/>	Rate	<input type="text"/>	Rate	<input type="text"/>

Employee hours worked the last three years:

OSHA 300 Log Information (List the last three years of information shown below.)

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Fatalities (Column G)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Cases Days Away From Work (Column H)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No of Job Transfer or Restriction (Column I)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Other Recordable Cases (Column J)	<input type="text"/>	<input type="text"/>	<input type="text"/>

VI. Experience

Trade Categories

Please list the PRIMARY categories of work your firm performs.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred contract size Up to \$250K Up to \$500K Up to \$1M Up to \$5M \$5M+

Geographic Areas of Work

Please check only those states where you will do work.

AK AL AR AZ CA CO CT DE FL GA HI IA ID IL IN KS
 KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM
 NV NY OH OK OR PA PR RI SC SD TN TX UT VA VT WA
 WI WV WY

Please attach a list of any other branch office locations.

Contract Method

Please indicate the percentage of your work load for each contract method.

Competitive Bid Negotiated/Design Assist Design Build IPD

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VII. Performance References

Provide four references below. Each reference should be from a different general contractor. These references should be for work completed in the last five years and should be representative of the work you are trying to prequalify for now. **One must be for your largest project within the last two years.** NOTE: The contact provided must have *direct knowledge of your performance on that project.* Leaving out any requested contact information including email address will delay processing of your form.

1. Project Name	General Contractor	Subcontract Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Project Name	General Contractor	Subcontract Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Project Name	General Contractor	Subcontract Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Project Name	General Contractor	Subcontract Value	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Name	Contact E-Mail	Contact Phone	Contact Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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VIII. References

Banking

Name Contact Phone
City State Zip Code Since

Bonding

Attach formal letter from bonding company

Bonding Company Surety Broker/Agent
Contact Person Phone Time with Bond Co?
Bond Capacity per Project Aggregate
Bond Co. Rating Last Bond Issued: Date Amount Rate %

Insurance

Attach current copy of insurance certificate

General Liability Carrier Effective Expiration
Limit Insurance Broker/Agent Phone

Please provide Dunn & Bradstreet Number

1. Supplier Name Location
Contact Name Phone

3. Supplier Name Location
Contact Name Phone

2. Supplier Name Location
Contact Name Phone

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IX. Additional Information

Please attach any additional information to help us determine your company's qualifications and expertise.

X. Signature

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the subcontractor or vendor authorizes Robins & Morton to obtain a written or oral credit report on the subcontractor's or vendor's business entity from any credit-reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding company with whom the subcontractor or vendor has current or inactive experience to give any and all necessary information to Robins & Morton, which will assist Robins & Morton in the Subcontractor/Vendor Evaluation. The subcontractor or vendor further authorizes Robins & Morton to reinvestigate the status from time-to-time, as Robins & Morton deems necessary.

Printed Name

Date

Signature

Phone

Title

Prepared By