



Subcontractor Prequalification Form

Table with 2 columns: Company Name, Date, Office Mailing Address, Billing Address, Phone#, Fax #, E-mail Address, Website, Scope of work, Website, Average Subcontract size, CSI Number (s)

STRUCTURE OF COMPANY

___ Corporation Date: ___ State: ___
___ Individual ___ Partnership ___ Joint Venture ___ L.L.C. ___ General
___ Limited

President: ___ Address: ___
Vice President: ___ Address: ___
Secretary/Treasurer: ___ Address: ___

D&B Rating: ___ Financial Bonding Capacity: \$ ___
of office employees: ___ # of Field Employees: ___
License#: ___ List States/Areas Authorized to Work: ___

Certified MBE Contractor? ___ Yes ___ No Work In Progress:
Certified WBE Contractor? ___ Yes ___ No Amount of work under contract: \$ ___
Certified by: ___ Amount of incomplete work: \$ ___

Name of Contractor's Primary Contact: Contractor's Primary Bank: ___
Phone#: ___ Bank Account: ___
Contractor Parent Company (name/address): Bank Relationship Officer's Name:
___ Phone#: ___

Contractor hereby authorizes its primary bank relationship officer to release general information requested as part of its due diligence Financial & Safety Review process: Signature: ___

Please attach last three (3) Annual Financial Statements.
Financial Statement provided? Yes/No

Average dollar's value for the last three (3) years:
\$ _____

Maximum dollar value capable of handling:
\$ _____

Value of Annual Revenue: \$ _____

Has Contractor ever done business under a different name?
___ Yes ___ No
If yes, Provide name(s):

Authorization to get credit report: Yes No

REFERENCES;

Please list three trade references with whom you have worked in the last year:

Name and Address	Contact & Phone #
1.	
2.	
3.	

Please list general contractors with whom you have worked in the last year:

Name and Address	Contact & Phone #
1.	
2.	
3.	

Can Contractor bond this contract? Yes No

Name of Bonding Agency: _____

Relationship Officer: _____

Phone#: _____ Fax #: _____

Best Rating: _____

Bonding capacity: _____ single job aggregate

Surety's Maximum Federal Register Bond Limit

Please attach insurance certificate.

Insurance Agency Contact/phone/carrier (general liability, workers comp., etc.)

Name: _____

Contact: _____

Phone#: _____ Fax#: _____

Has your organization ever failed to complete any work awarded to you in the last five (5) years? If yes, explain.

Any litigation? If yes, explain.

Any outstanding judgment, claims, arbitration? If yes, explain.

Trade Associations Memberships	List national/local accredited training programs in which you participate (i.e., craft, management training)
1.	
2.	
3.	

List Achievement Awards:
1.
2.
3.
4.
5.

Contractor Safety Information				
Do you have a written Safety Program (including Hazard Communications)? _____ Yes _____ No				
If yes, briefly describe scope:				
Company Safety Director / Safety Contact: Name: _____ Phone: _____				
Please provide the following information for current and the most recent three (3) years:				
Measures	Current	20 _____	20 _____	20 _____
Experience Modification Factor				
Fatalities*				
Total OSHA Recordables				
Recordables w/ Lost or Restricted Days				
Average # of Employees				
# of OSHA Inspections				
# of OSHA Citations				
<ul style="list-style-type: none"> * If any fatalities, please give details: 				
What is your frequency rate (Lost time injuries per 200,000 man hours) for the last 3 years?				
Any safety inspections in-house or by insurance company in the last 3 years? _____ Yes _____ No				
If in-house, by whom and how often?				
Do you have a drug testing program? _____ Yes _____ No If yes, describe:				
Do you have a formal new employee safety orientation program? _____ Yes _____ No If yes, describe:				

This qualification form may determine the award of work to your firm.

Signature of Officer _____
Firm Name

Please complete this form, attach the additional requested documents and mail, fax or email to:

Attn: CONTRACTING ADMIN
ITEK Construction & Consulting, Inc.
500 SPRINGVALE ROAD
GREAT FALLS, VA 22066
P. 703-261-6663
F. 703-268-5392

If you have any questions regarding this form, please do not hesitate to contact us.