

**Subcontractor Pre-Qualification Questionnaire**

Your privacy is important to us and we do not share your information with any third-party.

**Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Federal Tax ID:** \_\_\_\_\_  
**Officers:** \_\_\_\_\_  
**President:** \_\_\_\_\_  
**Vice-President:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**Profile Information:**  
**Years in Business:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_  
**Parent Company:** \_\_\_\_\_  
**Trade(s) Performed:** \_\_\_\_\_  
**Geographic Region(s) Serviced:** \_\_\_\_\_

**Minority Business Enterprise Status (check all that apply):**  
 8 (a) Certified    HUBZone Certified    Veteran Owned    Service Disabled Veteran Owned  
 Small Disadvantaged Business    Women Owned    Minority Owned    Other(s): \_\_\_\_\_

License Information		Bank Reference	
Authority:		Name & Address:	
Class:		Contact Name & Phone:	
License #:		Time with this bank:	
Expiration:		Line of Credit & Balance:	<b>LOC:</b> _____ <b>Balance:</b> _____

Bonding Information		Available Amount:	
Bonding Agent Name, Address & Phone:			
Bonding Company:			
Single Bond Limit:		Aggregate Backlog Limit:	

*\*Please attach bonding letter from your actual bonding company underwriter and NOT your agent.*

**Annual Sales (Revenue) for the past 3 years:**

Year	Sales	Year	Sales	Year	Sales
	\$ _____		\$ _____		\$ _____

**Safety:**

Year	EMR	Year	EMR	Year	EMR

Number of OSHA Citations for the past three years: \_\_\_\_\_  
Most Current Recordable Incident Rate (add Col 1 and 3 from OSHA 300A): \_\_\_\_\_  
Does your company have a written field-based safety program?    \_\_\_ Yes    \_\_\_ No  
Does your company have a substance abuse policy?                \_\_\_ Yes    \_\_\_ No  
Do you hold site safety meetings?                                        \_\_\_ Yes    \_\_\_ No  
Do you conduct project site safety inspections?                    \_\_\_ Yes    \_\_\_ No  
Who follows up on these inspections? \_\_\_\_\_

Insurance	Limit	Yes	Other (Specify Limit)
Worker's Compensation/Employers Liability:	\$1,000,000.00		
General Liability Per Occurrence:	\$1,000,000.00		
General Liability Aggregate:	\$2,000,000.00		
General Liability Completed Operations Aggregate:	\$2,000,000.00		
Business Auto Insurance Combined Single Limit:	\$1,000,000.00		

*\*Please attach Sample Certificate of Insurance*

**Largest Jobs Completed in the last three years:**

Project Name/Address	General Contractor	GC Contact	Contract Amount	Year Completed

**Industry References**

Company Name	Contact Person	Telephone Number	E-Mail

**Litigation:**

- Has firm ever been terminated by a client?  Yes  No
- Has firm failed to complete a contract?  Yes  No
- Has firm been involved in a bankruptcy or reorganization?  Yes  No
- Has firm ever been involved in claims, litigation or arbitration?  Yes  No
- Has any of the Firm's principals ever been in litigation?  Yes  No
- Has Firm ever paid liquidated damages?  Yes  No

*\*If you answered yes to any of the above questions, please submit details on a separate sheet.*

**SUBCONTRACTOR UNDERSTAND THAT AZTEC WILL USE BOTH SUBJECTIVE AND OBJECTIVE CRITERIA TO EVALUATE SUBCONTRACTOR'S QUALIFICATIONS. BY SIGNING BELOW, I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_