



Subcontractor Prequalification Questionnaire

Please mail, email or fax your completed form to:

Standard Builders, Inc.
Attn: Subcontractor Prequalification Processing Department
52 Holmes Road
Newington, CT 06111

Tel: (860) 594-7143 Fax: (860) 594-7151
Email: estimating@standardbuilders.com

Contact Person for Clarification:

Phone _____

Email _____

Date of Response _____

COMPANY INFORMATION

CONTACT INFORMATION

Firm Name

Telephone No.

Fax No.

Email

Street Address

City

State

Zip Code

Web Address

Principal

Phone

Email

CFO

Phone

Email

Lead Estimator

Phone

Email

Under current management since *(Date)*

ESTIMATING CONTACT (for Bid Invitations)

Name

Title

Email Address

FORM OF BUSINESS

Check one: Sole Owner Partnership Corporation LLC

State of Registration

Date of Registration

Years in Business

Other name(s) your company has operated under

PARENT COMPANY INFORMATION

Parent Company Name

Telephone No.

Street Address

City

State

Zip Code

BIM

Does your firm model its system in three-dimensions in order to minimize potential construction conflicts and/or assist in the prefabrication process? Yes No

TYPE OF WORK PERFORMED (TRADES)

Indicate types of work performed through direct hire and types subcontracted.

Types of work (Trade)	% Direct Hire	% Subcontract
A.		
B.		
C.		
D.		

RELEVANT EXPERIENCE / REFERENCES

List three (3) current contracts:

1. Client Name		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
2. Client Name		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
3. Client Name		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed

List the three (3) most recently completed contracts

1. Client Name		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
2. Client Name		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
3. Client Name		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed

GEOGRAPHIC AREA

List the geographic areas in which you work:

COMPETITIVE MARKET

Indicate the size of project in which you are most competitive (enter 1). Show in preference order (i.e., 2,3,4...) other size projects you are capable of performing:

- Under \$100,000
 \$100,000 - \$200,000
 \$200,000 - \$500,000
 \$500,000 - \$1 Million
 \$1 - \$3 Million
 \$3 - \$6 Million
 \$6 - 9 Million
 \$9 - 15 Million
 Over \$15 Million

COMPETITIVE MARKET *(continued)*

Check all building types on which your company has worked:

- | | | | | |
|--|---|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> K-12 | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Government | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Athletic Facilities | <input type="checkbox"/> Industrial Buildings | <input type="checkbox"/> Laboratories | <input type="checkbox"/> Housing (Dorms) | <input type="checkbox"/> Design Build |

What is the largest contract your company has completed?

Amount: \$ Year Completed Project Name: Scope of work:

What is the largest dollar volume job you expect to do during this year?

Amount: \$ Project Name: Scope of Work:

What is your expected annual volume this year:

Amount: \$ No. of Projects:

FINANCIAL INFORMATION

ANNUAL DOLLAR VOLUME FOR THE PAST 3 YEARS

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

LARGEST JOB DURING:

The last 3 years \$ _____

TOTAL WORK IN PROGRESS

(ie Current Work Load) \$ _____ (Attach List of Current Work)

BANK REFERENCES

Bank Name Address

Contact Person Phone No.

Amount of Bank Line Credit \$ _____ Secured Yes No

FINANCIAL STATEMENT

Include your company's latest balance sheet.

SURETY AND INSURANCE

BONDING REFERENCES

Name Address

Contact Person Phone No.

Total Bonding Capacity \$ _____ Maximum Single Project Bonding Capacity \$ _____

A.M. Best Rating of Bonding Company \$ _____ U.S. Treasury Limit of Bonding Company \$ _____

SURETY AND INSURANCE *(continued)*

INSURANCE

List types of insurance carried in addition to that required by laws and state limits.

Limits:

Work Compensation:

Automobile Liability:

General Liability:

Excess Umbrella Liability:

Insurance Carrier:

SAFETY POLICIES AND PROCEDURES

Do you have a documented safety policy and program? Yes No *(Attach a copy of the Safety Program)*

Do you have a Safety Officer/Department in your company? Yes No

Name: _____ Phone No. _____

Do you employ full time Safety Supervisor on all job sites? Yes No

Do you have a Personal Protective Equipment (PPE) Policy or Program?
(i.e.: mandatory hard hats, gloves, safety glasses, etc.) Yes No

If yes, what does it cover?

Does your Safety Program address all OSHA Standards as they apply to Contractors, *(i.e. Hazardous Communication (29 CFR/1910.1200/Standard 1926.59) and Respiratory Protection (29 CFR 1910.134/Standard 1926.103)* and all of the requirements associated with these Standards? Yes No

Does your company have a Substance Abuse Program designed to provide a drug free workplace? *(Attach a copy of policy)* Yes No

Pre-employment screening? Yes No

Random testing? Yes No

For Cause testing? Yes No

Comment on any areas of your company's Safety Program and policies that may be appropriate for our evaluation.

SAFETY TRAINING

Do you require on-site Supervisor/Foreman to have completed the OSHA 30-hour Training Course? Yes No

What type of safety orientation do you provide for new hires?
 Film Slides Handbook Verbal Other

Topics included in Orientation:

Is on-site supervision trained in? First Aid CPR

Are jobsite safety meetings required? Yes No Frequency: _____

Are weekly toolbox safety meetings required? Yes No Frequency: _____

Are regular safety/housekeeping audits conducted? Yes No Frequency: _____

SAFETY AUDITING AND INCIDENT INVESTIGATION

Do you have procedures for accident investigations? Yes No

Does senior management participate in accident investigations? Yes No

Do you require your subcontractors to meet the same safety standard? Yes No

What level of management in your company receives field safety reports?

SAFETY POLICIES AND PROCEDURES *(continued)*

SAFETY PERFORMANCE HISTORY

Connecticut Workers Compensation Experience Modification Rate (as shown on Workers Compensation Insurance Policy) for the three (3) most recent years as follows:

20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____

Utilizing the OSHA No. 300 log for the last three years, the number of injuries and illnesses were recorded as follows

	20__	20__	20__
A. Number of hours employees worked the year			
B. Number of restricted workday cases only <i>(extracted from Column L of OSHA log and not to include cases involving days away from work)</i>			
C. Number of cases involving lost work days <i>(Column K OSHA 300 log)</i>			
D. Number of cases defined as recordable but without lost workdays. <i>(Column J of OSHA 300 log)</i>			
E. Number of fatalities <i>(if yes, attach full explanation)</i>			
F. Total number of cases for B, C D and E <i>(not workdays)</i>			
G. Recordable rate <i>(injury x 200,000/man hours worked)</i>			
H. Lost workday rate <i>(rate x 200,000/man hours worked)</i>			

LEGAL ISSUES

Are you now or have you ever been involved in any bankruptcy or reorganization proceedings? Yes No

Are there judgments, claims or suits pending or outstanding against your company? Yes No

Have you ever received notices of environment, health or safety violations from Regulatory agencies? Yes No

Within the last five (5) years, have you failed to complete a contract? Yes No

If yes, please explain.

SIGNATURE OF COMPANY OFFICER

Signature

Title

Date

All information will be treated confidentially.