



# SUBCONTRACTOR PREQUALIFICATION FORM

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Point of Contact Name & Title: \_\_\_\_\_

POC Phone: \_\_\_\_\_ POC Email: \_\_\_\_\_

Company Specialties/Type of Work: \_\_\_\_\_

Year Established: \_\_\_\_\_

## SAFETY

EMR Rating for last 3 years: \_\_\_\_\_

DART Rating for last 3 years: \_\_\_\_\_

Has your company had any OSHA violations in the past 3 years:

Serious	Other-Than-Serious	Willful/Repeated	Posting Regs
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If any, please provide a brief explanation:

Has your company had any fatalities in the past 3 years: YES NO

Do you have a written Accident Prevention Plan: YES NO

Do you have a Safety Manager? Name: \_\_\_\_\_

## QUALITY

Do you have a written Quality Control plan: YES NO

Do you have a QC Manager? Name: \_\_\_\_\_

Has your company ever been Terminated for Default from a project? YES NO

If yes, please provide date and short description:

## BONDS/INSURANCE/CERTIFIED PAYROLL

Do you currently have bonding capacity? (List max project amount and total program amount):

\_\_\_\_\_

What is your bonding rate percentage? (Cost, not surety rating): \_\_\_\_\_



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Does your Company currently carry the following insurance policies? (check all boxes that apply)

Commercial General Liability      Workers Compensation      Business Automobile Insurance

Does your company regular supply Certified Payroll WH-347 forms on its projects?      YES      NO

## PROJECT REFERENCES

Largest project completed (Contract Value and Brief Scope):

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States where you will work:

## ADDITIONAL REFERENCES

Provide a list of 3 recently completed similar projects with the value and reference on a separate sheet.

Attach a Capabilities Statement.

**I hereby certify that the information provided herein is true and correct.**

Signature: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return via email to [subcontracting@lifecycle-inc.com](mailto:subcontracting@lifecycle-inc.com).