



Subcontractor Professional Services
PREQUALIFICATION FORM

Business Information

Date Completed: _____

Legal Company Name (and DBA): _____

Address (No PO Boxes): _____

Executive Contact: _____

Safety Director: _____

Estimating Contact: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Other Branch Offices: _____

Design / Build Experience: Yes No

If Yes, Engineering Staff is: Internal External

Years in Business Under Present Name: _____ Years

Previous Business Name or Employment, if less than five (5) years: _____

Status: Union Open Shop Prevailing Wage

Tax Identification No.: (TIN) _____

List of all applicable State Contractor's License Numbers: _____

List all unions that you are signatory to: _____

Company Type: Corporation Joint Venture DBA Individual
 Partnership Sole Proprietor LLC

Work Performed / Region

List the CSI / Trade sections that your organization is licensed to perform:

Check the markets your company has experience in:

Aerospace Entertainment Industrial Retail

Casino Healthcare Institutional Tenant Improvement

Educational Hospitality Residential Other: _____



Business Certification

Does your business hold any of these certifications: Yes No
 (If yes, please complete the remainder of this section and attach documentation.)

Minority Owned Woman Owned Small Business
 Disadvantaged Business Hub Zone Veteran Owned
 Helmets to Hard Hats Other-1 _____ Other-2 _____

Financial

Name of Bank: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Amount of Line of Credit: \$ _____
 Company Dunn and Bradstreet Number: _____

ALL CONTRACTS OVER \$100,000 WILL REQUIRE AUDITED FINANCIAL STATEMENTS

Average Contract Size over the last five (5) years: \$ _____
 Average annual revenue over the last five (5) years: \$ _____

Insurance

Does your company meet O’Neil Building Corporation’s minimum standard insurance requirements?
 Yes No *(Refer to attached minimum insurance requirements.)*

Please attach samples of your current Certificates of Insurance and Endorsements for review.

Bonding (This is required on most of our projects, please carefully review and complete.)

Is your company bondable? Yes No
(If N/A or not bondable, please provide explanation.)

Bonding Capacity in aggregate: \$ _____ Bonding Capacity Per Project: \$ _____
(Current \$\$ value required, DO NOT state unlimited)

Bonding Rate Percent: _____ % Total Value of Current Bonds: \$ _____

Bonding Company (Surety, not Agent): _____
(List complete Surety Name as it appears on the Dept. of Treasury’s Listing of Approved Sureties (Department Circular 570))

Bonding Company A.M. Best Rating: _____

Bond Agency Contact Name: _____ Phone: _____



Past Performance

| | |
|--|--|
| Has your organization ever failed to complete any awarded work in the last seven (7) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach an explanation)</i> |
| Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach an explanation)</i> |
| Has your organization filed any lawsuits, arbitration, mediation, or liens with regard to construction contracts within the last seven (7) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach an explanation)</i> |

Safety

| |
|---|
| How many OSHA violations has this business incurred over the past three (3) years? _____ |
| What is this business' Worker's Comp EMR history for the past three (3) years and the current year? <i>(Please contact your Worker's Comp Agent to verify your Comp EMR)</i> |
| Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____ |
| What is this business' OSHA recordable incident rate for the past three (3) years and the current year? Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____ |
| How many fatalities has this business incurred over the past three (3) years? _____ |
| Does this business have a written safety policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A copy will be required if selected for the project)</i> |
| Does your company comply with the Drug Free Work Act? <input type="checkbox"/> Yes <input type="checkbox"/> No |

References

| | | | |
|---|---------|-------|--------------|
| List contact Information for three (3) owners, General Contractors, or Construction Managers for whom the company has worked in the past two (2) years below: | | | |
| Company | Contact | Phone | Email or Fax |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| List contact information for your three (3) major suppliers: | | | |
| Company | Contact | Phone | Email or Fax |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



Recent Project Experience: (Additional pages may be added if needed.)

1. List all projects ongoing or completed in the past two (2) years: *(Include General Contractor, Project Name, Owner, Architect, Contract Amount, Percentage or Date Completed. Specify type of project, i.e., Design Build/Hard Bid/CM@Risk/GMP).*

2. Projects with O’Neil Building Corporation: *(Include Project Name, Owner, Architect, Contract Amount, Percentage or Date Completed. Specify type of project, i.e., Design Build/Hard Bid/CM@Risk/GMP).*

3. Largest three projects completed in the last five (5) years: *(Include General Contractor, Project Name, Owner, Architect, Contract Amount, Percentage or Date Completed. Specify type of project, i.e., Design Build/Hard Bid/CM@Risk/GMP).*

4. Does your company have LEED Experience? Do you have LEED Accredited professionals? If so, how many?

5. Does your company have BIM (Building Information Modeling) Experience? If so, what software do you use?

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed By: _____
(Print or Type) *(Signature)*

Title: _____ Date Completed: _____