

Eastgate Management Service Corp.

A Division Of The Eastgate Group
General Contracting – Construction Management – Owner’s Representative

Subcontractor / Vendor Prequalification Statement

Date of
Response: _____

Name of Company: _____

Provide a brief description of the type of work your firm performs: _____

State of Incorporation: _____ Date of Incorporation: _____

Main Phone Number: _____ Main Fax Number: _____

Main Office Street Address: _____

City: _____ State: _____ Zip: _____ Country:

Main Office Mailing Address: _____

City: _____ State: _____ Zip: _____ Country:

Corporate Officers & Main Contacts (Name)	Title	Telephone #	Cell Phone #	Fax Number	Email Address

M/W/SBE Certifications	M/W/SBE Description	Certifying Agency

EMPLOYMENT INFORMATION

	Home Office	Field Supervisory	Trades People	Total
Current				
Three Year Average				

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TRADE / LABOR INFORMATION

Union Information		
Local Number	Union Name	Agreement Expiration

Trade Associations Names

Certified Training	
Training Type	Accredited Training Program Name

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SAFETY INFORMATON

Current EMR Rates		
State	Year	Rate
	Current Year	
	Prior Year	
	Two Years Prior	

OSHA 30 Certified Personnel		
Name	Phone	Email

OSHA 200/300 Information								
Reporting Year	# of Fatalities	Description	# of Lost & Restricted Workday Cases	Employee Hours Worked	# of OSHA Violations Has Company Received this Year	If Violations Were Willful, Provide Description	Recordable Incidence Rate	Lost Workday Incidence Rate
Current Year								
Prior Year								
Two Years Prior								

Safety Questionnaire			
Question	Yes	No	Comments
Does your company have a qualified person responsible for safety? If Yes, please attach a resume or description of qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	
Does this person perform safety inspections on all of your projects? If so, how often?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a written Company Safety Policy and Program; and will you provide copies if requested?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a drug testing policy? If Yes, please check which are included in the policy. PreEmployment: <input type="checkbox"/> Cause: <input type="checkbox"/> Post Accident/Incident: <input type="checkbox"/> Random: <input type="checkbox"/> Periodic: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will your company comply with our return to work program (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require 100% fall protection from a height greater than 6-foot?	<input type="checkbox"/>	<input type="checkbox"/>	
If requested, will you provide us with a site specific fall protection plan addressing the specific hazards related to your work at any site?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require documented safety meeting for the employees? Indicate which and how often for the following employees: General Labor: <input type="checkbox"/> Field Supervisors: <input type="checkbox"/> New Hires: <input type="checkbox"/> Subcontractors/Vendors: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company provide safety training for all employees? If Yes, describe training provided.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company set annual training goals? If Yes, please list examples of training goals.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a program recognizing your employees for safety performance excellence?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a disciplinary program in place for safety violations?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company review the safety management systems of your sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company conduct accident/incident investigations?	<input type="checkbox"/>	<input type="checkbox"/>	

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GENERAL FINANCIAL INFORMATION

State Sales Tax: State: _____ Sales Tax Number: _____
Contractor License Info: State: _____ Number: _____ Expires: _____
State Unemployment: State: _____ State Unemployment Identifier (SUI) Number:

Federal Tax Identifier Number: _____

Workers Comp Risk ID Number: _____

Largest Contract Completed:

Amount: _____ Year: _____
Project Name: _____
Scope: _____

Largest Job Your Company Expects to do during this Year:

Amount: _____ Year: _____
Project Name: _____
Scope: _____

The Expected Annual Volume This Year: Amount: _____ Number of Projects:

Percentage of Work Normally Subcontracted: _____%

Annual Volume of Work Performed over the Past 5 Years:
firm self performs: List trades your

Year 2003 Average Volume \$ _____

Year 2004 Average Volume \$ _____

Year 2005 Average Volume \$ _____

Year 2006 Average Volume \$ _____

Year 2007 Average Volume \$ _____

On which project size are you most competitive?

Under \$100,000	<input type="checkbox"/>	\$3,000,000-\$6,000,000
<input type="checkbox"/>		
\$100,000-\$200,000	<input type="checkbox"/>	\$6,000,000-\$9,000,000
<input type="checkbox"/>		

\$200,000-\$500,000	<input type="checkbox"/>	\$10,000,000-\$15,000,000
<input type="checkbox"/>		
\$500,000-\$1,000,000	<input type="checkbox"/>	Over \$15,000,000
<input type="checkbox"/>		
\$1,000,000-\$3,000,000	<input type="checkbox"/>	

All Building Types on which your company has worked:

Commercial	<input type="checkbox"/>	Industrial Building
<input type="checkbox"/>		
Hotels/Motels	<input type="checkbox"/>	High Tech/Laboratories
<input type="checkbox"/>		
Healthcare	<input type="checkbox"/>	Correctional Facilities
<input type="checkbox"/>		
Residential	<input type="checkbox"/>	Design/Build Design Assist
<input type="checkbox"/>		
Sports/Entertainment	<input type="checkbox"/>	Interior Fit-out
<input type="checkbox"/>		

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Banking Information:

Bank Name: _____

Line of Credit: \$_____ Available: \$_____ Expires: _____

UCC Filing: _____ Credit Secured By: _____

D&B Number: _____ D&B Rating: _____

Pay Record: _____ Date of Rating: _____

Remarks: _____

Bank Contact Information:

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

Major Supplier Contact Information:

Company Name: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

Major Supplier Contact Information:

Company Name: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

Contractor Contact Information:

Company Name: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

Contractor Contact Information:

Company Name: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

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LEGAL INFORMATION

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you:

Yes No (If yes, please attach statement)

Have any of the Owners, officers or major stockholders of your Company ever been indicated or convicted of any felony or other criminal conduct?

Yes No (If yes, please attach statement)

Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?

Yes No (If yes, please attach statement)

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?:

Yes No (If yes, please attach statement)

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?

Yes No (If yes, please attach statement)

Does your Company have any outstanding judgments or claims against it?

Yes

No

(If yes, please attach statement)

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.

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BOND / SURETY INFORMATION

Surety Company Name: _____ Since: _____

Surety Broker Name: _____

Bonding Capacity Per Job: \$ _____

Aggregate: \$ _____

Date of Last Bond: _____ Bond Rate (%): _____

Please list the persons or entities that provide indemnification to your Surety:

Contact Information for bond information:

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

*Attached a copy of a letter from your Bonding Company indicating your ability to provide a Payment and Performance Bond in the amount of the project size you indicate on page 4 of this document.

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INSURANCE INFORMATION

Broker/Company Name: _____

Commercial General Liability Info:

Insurance Carrier: _____

Policy Form: Occurrence: Yes No
 Claims Made: Yes No

Tail Coverage: Years _____

Any Exclusions from Standard CGL Policy: Yes No
 Is General Aggregate project specific: Yes No
 Will Additional Insured Status be granted on CG 20 10 11/85 or equivalent: Yes No
 Residential Exclusions from Standard CGL Policy: Yes No
 Mold/Fungus Exclusions from Standard CGL Policy: Yes No
 (If yes, please list)

	Current	Max Obtainable
General Aggregate	\$	\$
Products – Completed Ops Aggregate	\$	\$
Personal/Adv. Injury	\$	\$
Per Occurrence	\$	\$
Fire Damage (any one fire)	\$	\$
Medical Expenses (any one person)	\$	\$
Deductible Amount	\$	\$

Excess Liability Info:

Excess Liability Insurance Carrier: _____

Policy Form: Umbrella/Follow Form: Yes No

If no explain form: _____

Total Limit: \$ _____

Workers Compensation and Employer's Liability Info:

Insurance Carrier: _____ Risk ID # _____

Limits: \$ _____

E.L. Each Accident: \$ _____

E.L. Disease-Policy Limit: \$ _____

E.L. Disease Each Employee: \$ _____

Workers Comp Risk ID Number _____

Automobile Liability Info:

Auto Insurance Carrier: _____

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INSURANCE INFORMATION

	Current	Max Obtainable
Combined Single Limit	\$ _____	\$ _____
Bodily Injury (per person)	\$ _____	\$ _____
Bodily Injury (per accident)	\$ _____	\$ _____
Property Damage	\$ _____	\$ _____

Professional Liability Insurance Info:

Insurance Carrier: _____

Office Policy Limit: \$ _____ Deductible: \$ _____

Project Specific Limit Available: \$ _____

Extended Reporting Period (tail): Years: _____

Prior Acts: Yes No

Insurance Contact Information:

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

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ADDITIONAL INFORMATION

Please provide the following information:

1) A complete list of current projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers).

2) A complete list of projects completed in the last five years giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers).

3) A copy of your latest audited or reviewed or compiled financial statement (Your financial statement is strictly for Hunter Roberts Construction Group Department use and will be treated confidentially).

We have attempted to answer all questions in full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Hunter Roberts Construction Group will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of _____, 20____.

Name of Company: _____

Completed By: _____

Title: _____

_____ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading,

Subscribed and sworn before me this _____ day of _____, 20____.

Notary
Public: _____

My Commission Expires: _____