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General Contracting • Development • Construction Management

**SUBCONTRACTOR PRE-QUALIFICATION FORM**

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

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID# \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Type of work qualified to perform: (masonry, steel, etc.) \_\_\_\_\_

Specific Geographical Area You Work In: (Example: DFW, State of Texas) \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Has Company or any of its Owners Declared Bankruptcy in last 5 years? [ ] Yes [ ] No

Is Company Bondable? [ ] YES [ ] NO Single Project Limit \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Have you ever failed to complete a project: [ ] YES (explain details below) [ ] NO

Details: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Have you ever failed to complete a project on time? [ ] YES (explain detail below) [ ] NO

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had a contract terminated due to performance? [ ] YES (explain detail below) [ ] NO

Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your current Worker's Compensation Experience Modification Rating (EMR)\_\_\_\_\_

# Jobs Run @ Time: \_\_\_\_\_

Annual Volume \$\_\_\_\_\_

Largest Job \$ \_\_\_\_\_

Average Job \$ \_\_\_\_\_

Smallest Job \$\_\_\_\_\_

Current Contract Backlog:

\_\_\_\_\_

Do you have a Service Department? [ ] YES [ ] NO

Do you have 24 hr coverage? [ ] YES [ ] NO

**SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET**

Contractor's License (s) States and Numbers

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_

Business Type: [ ] Corporation [ ] Partnership [ ] Limited Liability Company [ ] Sole Proprietor [ ] other (specify)

Name & Title      Years with Company

\_\_\_\_\_

Is your company owned or controlled by a parent or any other organization? [ ] YES [ ] NO  
If yes, please describe on a separate sheet.

Is your company a certified: [ ] MBE [ ] WBE [ ] DBE [ ] VBE [ ] SBE [ ] Native American  
[ ] N/A

I. Legal Information

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officer or principals? [ ] YES [ ] NO

If yes, please provide a complete explanation on a separate sheet.

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction Contracts, within the last three (3) years? [ ] YES [ ] NO

If yes, please provide a complete explanation on a separate sheet.

II. References

Banking

Name & Branch \_\_\_\_\_ Since? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Bonding

Bonding Company \_\_\_\_\_ Since? \_\_\_\_\_

Surety Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Bonding Capacity – Per Project \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Last Bond Issued – Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Rate % \_\_\_\_\_

Please attach a formal letter from your bonding company.

Insurance

General Liability Carrier \_\_\_\_\_ Since ? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

What is your limit to Liability insurance? \_\_\_\_\_

Supplier

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

5 References (Owner, Architects, and at least 2 General Contractors for work completed within the last 2 years):

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$

\_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$

\_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$

\_\_\_\_\_

III. Financial Information

Financial Reference: Please attach a copy of the following:

1. Your most recent full fiscal-year-ending Balance Sheet, Income Statement and Cash Flow
2. Your most recent quarterly year-to-date Balance Sheet, Income Statement and Cash Flow.

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization? [ ] YES [ ] NO

If yes, please provide a complete explanation on a separate sheet.

IV. Revenue

Annual Volume: What was the annual volume of work completed in the last three years as well as next year's forecast (Forecast Volume)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Forecast Volume)

V. Experience

Has your company had experience with LEED projects [ ] YES [ ] NO

VI. Safety

\_\_\_\_\_

Does your firm have a written safety plan?             YES  NO

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?  
 YES  NO

    If yes, please describe in detail on an attached sheet what occurred and what steps were taken  
    by the company to prevent from happening in the future.

OSHA Incident Rate: Please list your firms OSHA incident rate for the most recent three (3) years  
YR. / Rate \_\_\_\_\_ YR. / Rate \_\_\_\_\_ YR. /  
Rate \_\_\_\_\_

VII.     Additional Information

Please list any additional information you feel will help us determine your company's qualifications and  
expertise \_\_\_\_\_

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I hereby certify that the above information is accurate, correct and true.

Completed By: \_\_\_\_\_

(Name)

\_\_\_\_\_

(Title)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

NOTE: PARSCO, LLC. REQUIRES AN INSURANCE CERTIFICATE  
ON FILE INDICATING AUTO, GENERAL LIABILITY AND WORKER'S COMPENSATION  
INSURANCE AND EXPIRATION DATES; PLEASE E-MAIL TO: [info@pars-co.net](mailto:info@pars-co.net) or FAX TO: 850-  
898-3423

**NO SUBCONTRACTOR WILL BE QUALIFIED WITHOUT INSURANCE OF FILE.**