|  |
| --- |
| **Subcontractor Pre-Qualification Form** |

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |
| --- | --- |
| Firm Name: |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| Phone: |  |
|  |  |
| Fax: |  |
|  |  |
| Contact: |  |
|  |  |
| E-Mail: |  |
|  |  |
| Website/Social Media: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| 1. | **Trade(s) performed**: |  |
|  |  |  |

|  |  |
| --- | --- |
| 2. | **Union Labor** |

Do you have a union affiliation? Yes       No      

If yes, provide name, address, phone & contact for each affiliation.

|  |  |
| --- | --- |
| Primary Union & Local: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

|  |  |
| --- | --- |
| Secondary Union & Local: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

***If more than 2, attach additional sheet.***

|  |  |
| --- | --- |
| 3. | **Business Structure** |

|  |  |  |
| --- | --- | --- |
| a. | Corporation |  |
| b. | Partnership |  |
| c. | Sole Proprietorship |  |
| d. | Other |  |

|  |  |  |
| --- | --- | --- |
|  | How many years has your organization been in business under your present name? | |
|  | Years. | |
|  |  | |
|  | If Incorporated, under the laws of what State? | |
|  |  |  |
|  | Name of officers of the firm: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | If a partnership, is the partnership general or limited? | |
|  |  |  |
|  | Name the majority partners: |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Is the organization any way an outgrowth, result, continuation or reorganization of a former business?

Yes       No      

If so, give the name and address of each predecessor business and the date of the

change in entity:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Has the organization ever sought protection under bankruptcy or receivership laws?

Yes       No         
  
 If yes, provide details.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Has your organization, or any principal, ever failed to complete any contracted work awarded to you or has your firm defaulted on a Performance Bond or a contract?

Yes       No

If yes provide details.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| 4. | **Contracting** |

List percentage of self-performed field work and subcontracted field work.

     % Self-Performed      % Subcontracted

List the trades typically subcontracted to other firms.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Do you have a formal Prequalification Program for Subcontractors?

Yes       No

***If yes, attach a copy.***

List the three (3) subcontractors that performed the most field installations / erections by dollar amount for the last three (3) years?

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

|  |  |
| --- | --- |
| Bonding Capacity: |  |

|  |  |
| --- | --- |
| Union Affiliation: |  |

EMR:       Year             Year             Year

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

|  |  |
| --- | --- |
| Bonding Capacity: |  |

|  |  |
| --- | --- |
| Union Affiliation: |  |

EMR:       Year             Year             Year

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

|  |  |
| --- | --- |
| Bonding Capacity: |  |

|  |  |
| --- | --- |
| Union Affiliation: |  |

EMR:       Year             Year             Year

List the largest subcontract completed by your company in the last five (5) years and the

year it was completed.

|  |  |
| --- | --- |
| Contract WIth: |  |

|  |  |
| --- | --- |
| Contract Amount: |  |

|  |  |
| --- | --- |
| Year Completed: |  |

|  |  |
| --- | --- |
| 5. | **Safety** |

List your firms’ Workers Compensation Interstate Experience Modification Rate for each

of the last three (3) years.

Year EMR

     

     

     

Have you been cited by OSHA in the past five (5) years? Yes       No

**If yes provide details.**

|  |  |  |
| --- | --- | --- |
| **Date** | **Citation Description** | **Status of Citation** |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have a written Safety Program? Yes       No

**If yes attach a copy.**

|  |  |
| --- | --- |
| Name your Safety Officer: |  |

Full Time       Part Time       Outsourced

Do you hold site safety meetings for field personnel? Yes       No

|  |  |
| --- | --- |
| Frequency: |  |

Have you provided safety training for your field employees in the last three (3) years? If so, list all the training and the organization that provided it:

|  |  |  |
| --- | --- | --- |
| **Course Description** | **Number of Employees Trained** | **Training Organization** |
|  |  |  |
|  |  |  |
|  |  |  |

***Attach additional sheets as necessary.***

|  |  |
| --- | --- |
| 6. | **Bonding** |

Provide the name, address, and contact information of your Bonding Company.

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

The Surety holds a Best Financial Rating of:

|  |  |
| --- | --- |
| Total Bonding Capacity: |  |

|  |  |
| --- | --- |
| Total value of currently bonded projects: |  |

List the last four (4) bonded project your firm has done:

|  |  |  |
| --- | --- | --- |
| **Project** | **Contract Value** | **Year Completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 7. | **Insurance** |

Provide the name, address, and contact information of your insurance contact(s).

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

Provide the A.M. Best Rating for your insurance carrier

Do you have an umbrella policy? Yes       No

|  |  |
| --- | --- |
| If yes, what are the limits: |  |

Do you carry professional liability coverage? Yes       No

|  |  |
| --- | --- |
| If yes, what are the limits: |  |

Is there an additional cost for additional insureds? Yes       No

If yes, what is the cost?

***Attach a current Certificate of Insurance.***

|  |  |
| --- | --- |
| 8. | **Quality** |

Do you have a written Quality Assurance / Quality Control Program?

Yes       No       (if yes, attached a copy of the program)

|  |  |
| --- | --- |
| 9. | **Litigation** |

Are you currently involved in any pending lawsuits? If yes, provide the following details.

|  |  |
| --- | --- |
| Number of pending lawsuits: |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **Description** | **Case Number** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 10. | **Sales & Revenue** |

What is your firm’s annual sales volume for the past three years?

|  |  |  |
| --- | --- | --- |
| **Year** |  | **Sales Volume** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 11. | **Banking & Finance** |

|  |  |
| --- | --- |
| Bank Name & Branch: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

|  |  |
| --- | --- |
| Contact: |  |

Do you have audited financial statements? Yes       No

If yes, who is your auditor?

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Fax: |  |

***. Attach financial statement from the last three (3) years.***

What is your current D&B Paydex?

***Attach current D&B Report.***

|  |  |
| --- | --- |
| 12. | **Staffing & Employment** |

How many employees do you have?

|  |  |
| --- | --- |
| Management/Clerical: |  |

|  |  |
| --- | --- |
| Field: |  |

|  |  |
| --- | --- |
| Shop: |  |

|  |  |
| --- | --- |
| 13. | **Certifications** |

Is your company certified by any government agency as:

WBE       MBE       DBE

If so, please list the agency(s):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Attached copies of all current Certification Letters.**

|  |  |
| --- | --- |
| 14. | **LEED** |

List the last 4 LEED projects your firm has completed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Project | Architect | Certification Level | Completed |
| 1) |  |  |  |  |
| 2) |  |  |  |  |
| 3) |  |  |  |  |
| 4) |  |  |  |  |

List all LEED Accredited Professionals on your staff:

|  |  |
| --- | --- |
| 1. |  |
|  |  |
| 2. |  |
|  |  |
| 3. |  |
|  |  |
| 4. |  |

***Submit additional LEED APs on a separate sheet.***

|  |  |
| --- | --- |
| 15. | **BIM** |

Has your firm done a project using BIM? Yes       No       N/A

If so provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| Project | Year | G.C. | Description |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

How do you do modeling? In House       Outsource       Both

Do you use mapping and GIS software (such as Trimble) for layout?

Yes       No

|  |  |
| --- | --- |
| 16. | **References** |

List three (3) references for each of the following (if appropriate), including company name, contact person, and phone number:

**General Contractors/Construction Managers**

|  |  |  |  |
| --- | --- | --- | --- |
| A. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| B. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| C. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

**Architects/Engineers**

|  |  |  |  |
| --- | --- | --- | --- |
| A. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| B. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

**Architects/Engineers (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| C. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

**Owners/Developers**

|  |  |  |  |
| --- | --- | --- | --- |
| A. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| B. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| C. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

**Suppliers**

|  |  |  |  |
| --- | --- | --- | --- |
| A. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| B. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| C. | Name: |  | |
|  |  |  | |
|  | Address: |  | |
|  |  |  | |
|  | Phone: |  | Fax: |
|  |  |  | |
|  | Contact: |  | |

|  |  |
| --- | --- |
| 17. | **Current / Previous Projects** |

List three (3) previously completed or current projects that are typical for your company:

|  |  |  |
| --- | --- | --- |
| A. | Project: |  |
|  |  |  |
|  | Address: |  |
|  |  |  |
|  | Owner: |  |
|  |  |  |
|  | General Contractor: |  |
|  |  |  |
|  | Scope: |  |
|  |  |  |
|  | Contract Amount: |  |

|  |  |  |
| --- | --- | --- |
| B. | Project: |  |
|  |  |  |
|  | Address: |  |
|  |  |  |
|  | Owner: |  |
|  |  |  |
|  | General Contractor: |  |
|  |  |  |
|  | Scope: |  |
|  |  |  |
|  | Contract Amount: |  |

|  |  |  |
| --- | --- | --- |
| C. | Project: |  |
|  |  |  |
|  | Address: |  |
|  |  |  |
|  | Owner: |  |
|  |  |  |
|  | General Contractor: |  |
|  |  |  |
|  | Scope: |  |
|  |  |  |
|  | Contract Amount: |  |

|  |  |
| --- | --- |
| 18. | **Attachments** |

35. The following documents should be attached to this pre-qualification form:

Most recent OSHA 300 Log

Current Certificate of Insurance

Quality Control/Quality Assurance Program

MBE/WBE/DBE Certification letters

Additional LEED Accredited Professional’s

Audited Financial Statements (if applicable)

Safety Program

Additional Union Affiliations

Subcontractor Prequalification Form

Additional Employee Safety Training

Current D&B Report

*Return this form, along with the appropriate documents listed above and any brochures or marketing materials you deem relevant to:*

**Valenti Builders, Inc.**

**200 W. Madison, Suite 2220**

**Chicago, IL 60606**

**Phone: 312/579-0376**

**ATTN: Joann Brown**

[**Joann.brown@valentibuilders.com**](mailto:Joann.brown@valentibuilders.com)

|  |  |
| --- | --- |
| 19. | **Certification** |

I do hereby certify the information provided is this statement and the separately submitted financial statements to be true in their entirety. I also certify that the information is sufficiently complete so as not to be misleading. **I understand that Valenti Builders, Inc. may reject this Prequalification Application for any reason, including completeness, insufficient information, or inappropriate qualifications, and that acceptance of this form does not necessarily qualify this subcontractor to bid any and all projects, and that Invitations to Bid will be issued at the discretion of Valenti Builders, Inc.**

|  |  |
| --- | --- |
| Company Name: |  |
|  |  |
| By: |  |
|  |  |
| Title: |  |
|  |  |
| Signature: |  |

Subscribed & Sworn before me this       day of       in the Year      

Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_