



# 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.

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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.

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4. **Contracting**

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

\_\_\_\_\_ % Self-Performed                      \_\_\_\_\_ % Subcontracted

List the trades typically subcontracted to other firms.

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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.

<u>Year</u>	<u>EMR</u>
_____	_____
_____	_____
_____	_____

Have you been cited by OSHA in the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes provide details.**

<u>Date</u>	<u>Citation Description</u>	<u>Status of Citation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>Course Description</u>	<u>Number of Employees Trained</u>	<u>Training Organization</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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:

<b><u>Project</u></b>	<b><u>Contract Value</u></b>	<b><u>Year Completed</u></b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_

<u>Date</u>	<u>Description</u>	<u>Case Number</u>

10. **Sales & Revenue**

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

<u>Year</u>	<u>Sales Volume</u>
_____	_____
_____	_____
_____	_____

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:

	<u>Project</u>	<u>Architect</u>	<u>Certification Level</u>	<u>Completed</u>
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:

<u>Project</u>	<u>Year</u>	<u>G.C.</u>	<u>Description</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 in 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: \_\_\_\_\_