Valenti Builders, Inc. I 609 W. Randolph St. 5th Floor, Chicago, IL 60661
vbi@valentibuilders.com I 312.579.0400
valentibuilders.com

Subcontractor Pre-Qualification Form

Date: _____

Firm Name: _____

Address: _____

_____

Phone: _____

Contact: _____

Email: _____

Website: _____

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: _____

Contact: _____

Secondary Union & Local: _____

Address: _____

Phone: _____

Contact: _____

If more than 2, attach additional sheet.

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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.

_____

_____

_____

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

Name: _____

Address: _____

Phone: _____

Contact: _____

Bonding Capacity: _____

Union Affiliation: _____

EMR: _____Year _____ _____Year _____ _____Year _____

Name: _____

Address: _____

Phone: _____

Contact: _____

Bonding Capacity: _____

Union Affiliation: _____

EMR: _____Year _____ _____Year _____ _____Year _____

Name: _____

Address: _____

Phone: _____

Contact: _____

Bonding Capacity: _____

Union Affiliation: _____

EMR: _____Year _____ _____Year _____ _____Year _____

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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:

Course Description

_____

_____

_____

Attach additional as necessary.

6. **Bonding**

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

Company Name: _____

Contact: _____

Phone: _____

The Surety holds a Best Financial Rating of: _____

Per Project Limit: _____

Aggregate Limit: _____

7. **Insurance**

Provide the name, address, and contact information of your insurance broker.

Company: _____

Contact: _____

Phone: _____

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

Do you carry professional liability coverage? Yes _____ No _____

If yes, what are the limits: _____

Do you carry pollution liability coverage? Yes _____ No _____

If yes, what are the limits: _____

Attach a current Certificate of Insurance.

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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: _____

Contact: _____

Phone: _____

Do you have financial statements prepared by a CPA? Yes _____ No _____

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

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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 _____ Other (specify) _____

If so, please list the agency(s):

_____

_____

_____

14. **LEED**

List the last three (3) LEED projects your firm has completed:

Project	Architect	Certification Level	Completed

15. **BIM**

Does your firm utilize BIM Technology? Yes _____ No _____ N/A _____

If so provide the last three (3) projects completed utilizing BIM:

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: _____

Contact: _____

B. Name: _____

Address: _____

Phone: _____

Contact: _____

C. Name: _____

Address: _____

Phone: _____

Contact: _____

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Suppliers

A. Name: _____

Address: _____

Phone: _____

Contact: _____

B. Name: _____

Address: _____

Phone: _____

Contact: _____

C. Name: _____

Address: _____

Phone: _____

Contact: _____

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17. **Current / Previous Projects**

List three (3) 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**

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
- ☐ Audited Financial Statements (if applicable)
- ☐ Safety Program
- ☐ 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:

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