



Subcontractor Pre-Qualification Application

Company Name: _____ Experience Modification Rate: _____

Corporate Headquarters Information

This Pre-Qualification Questionnaire will not be accepted unless it is completed in its entirety.
Please circle YES / NO and use check boxes for submitting required documentation.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Contact Name: _____

Contact Title: _____ Contact Email: _____

Federal Identification No.: _____ Year Started: _____ Type of Company: _____

State Incorporated: _____ Date of Incorporated: _____

Has the Company Operated under another name: YES / NO If yes, name: _____

Are you a Subsidiary? YES / NO If yes, name your Parent Company: _____

Name of your surety company: _____ Bonding Capacity: _____ Rate%: _____

How many employees did your Company employ on average over the last 3 years? Total: _____

Office Based: _____ Field Supervisory: _____ Field Based: _____ Tradespeople: _____

Do you use Piece Workers: YES / NO Do you use Subcontractors: YES / NO

Who manages Safety for your Company? _____

Required Information to be submitted with Application: *Submit as a PDF

General Liability Insurance: ☐ OSHA 300 Log: ☐ Corporate Safety Plan: ☐

Are your Project Manager(s) Certified with OSHA 30: YES / NO

Are your Superintendent(s) Certified in OSHA 30: YES / NO Certified in First Aid/ CPR: YES / NO

Is your field base/tradespeople Certified with OSHA 30: YES / NO Certified in First Aid/ CPR: YES / NO

Safety Plans

A Job Site Safety Plan (JSSP), Competent Person Acknowledge Form, Activity Hazard Analysis (AHA), Safety Data Sheets (SDS), and any other information that pertains to each specific job will be required at the signing of a subcontractor agreement with CMI General Contractors, Inc...

I acknowledge this section - Initials _____

Regional Office Information

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Contact Name: _____

Contact Title: _____ Contact Email: _____

List the geographic areas in which you work: _____

Fill in the percentage of total volume for all building types on which your company has worked in last 5 years:

Healthcare: _____ Office(s): _____ Industrial: _____ Educational: _____

Recreational: _____ Institutional: _____ Residential: _____ Multi-Family: _____

Other: _____ (Type of work) _____

What size projects do you prefer to work on: \$ _____ Average size of Project: \$ _____

Office Personnel Information

Name

Phone

Email

Owner: _____

President: _____

Safety Contact: _____

Estimator: _____

Lead P/M: _____

Lead Super.: _____

References

Please provide the following information for (4) client references:

Company

Contact

Phone

Email

Contract Compliance & Litigation Disclosure

Has your company been cited for safety violations in the past 5 years? YES / NO

If yes, please explain what steps have you implemented to avoid future Safety Violations: _____

Has your company ever failed to complete a contract? YES / NO

If yes, please explain: _____

Has your company ever been terminated by a GC? YES / NO

If yes, please explain _____

Are there any pending lawsuits or claims against your company? YES / NO

If yes, please explain _____

Submitted by Signature: _____

Date: _____

Name: _____

Title: _____