



# 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 Form 300A:  Corporate Safety Plan:  W9:

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 pertinent to each specific job will be required upon signing 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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 you have implemented to avoid future Safety Violations:

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

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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Submitted by Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_