



Subcontractor Prequalification Form

1. GENERAL INFORMATION

PLEASE SUBMIT TO: PREQUAL@JRMCM.COM

Company Name: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____ Year Established: _____

Phone: _____ Fax: _____ Email: _____

Federal Tax ID #: _____ D & B #: _____ License #: _____

☐ Construction ☐ Professional Services ☐ Supplier Number of Employees: _____

Indicate the number of staffing for the following levels:

1) Executive: _____ 2) Field Personnel: _____ 3) Project Managers: _____

4) Estimating: _____ 5) Administrative: _____

2. CONTACT INFORMATION

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Estimating Contact: _____ Title: _____

Email: _____ Phone: _____

Field Contact: _____ Title: _____

Email: _____ Phone: _____

Accounting Contact: _____ Title: _____

Email: _____ Phone: _____

3. CERTIFICATION DESIGNATION (Please forward a copy of certification)

☐ Small Business Enterprise ☐ Women-Owned Business Enterprise ☐ Veteran Business Enterprise

☐ Small Disabled Veteran Business Enterprise ☐ Minority Business Enterprise (Choose One):

☐ None

☐ African American ☐ Asian ☐ Pacific Islander

☐ Native American ☐ Indian-Subcontinent ☐ Hispanic

4. CORE COMPETENCY

Main Construction Division:

☐ Demo

☐ Drywall/Carpentry

☐ Window Treatments

☐ Concrete/Masonry

☐ Ceramic Tile/Stone

☐ Sprinklers

☐ Structural Steel

☐ Carpet/VCT

☐ Plumbing

☐ Architectural Woodwork

☐ Paint/Wallcovering

☐ HVAC

☐ Hollow Metal/Hardware

☐ Accessories

☐ Electrical

☐ Metal/Glass

☐ Equipment

☐ Other: _____



Subcontractor Prequalification Form

Building Type Experience:

- | | | |
|---|---|---|
| <input type="checkbox"/> High-Rise Office | <input type="checkbox"/> Sports/Entertainment | <input type="checkbox"/> Retail Shopping Outlets |
| <input type="checkbox"/> Mid-Rise Office | <input type="checkbox"/> Industrial Building | <input type="checkbox"/> Scholastic/Academic |
| <input type="checkbox"/> Hotels | <input type="checkbox"/> High-Tech/Laboratories | <input type="checkbox"/> Class A Office Buildings |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Correctional Facilities | <input type="checkbox"/> Class B Office Buildings |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Design Build/Design Assist | <input type="checkbox"/> Class C Office Buildings |

Percentage (%) of work you normally subcontract: _____

List trades you perform with your own workforce:

5. CAPACITY

Preferred Contract Size:

Minimum \$ _____ Maximum \$ _____ Total Annual Capacity \$ _____

Gross Receipts for the last three (3) years:

2016: \$ _____ 2017: \$ _____ 2018: \$ _____

Union Affiliation: ☐ No ☐ Yes

If Yes, Enter Local: _____

Current Insurance Limits: (Please forward a copy of insurance certification)

Insurance Company: _____

Insurance Agent: _____

General Liability: \$ _____ Excess Liability: \$ _____

Current Bonding Limits: ☐ No ☐ Yes

Surety Name: _____

Single Bond Limit: \$ _____ Aggregate Bond Limit: \$ _____

6. ENVIRONMENTAL HEALTH & SAFETY

Does your firm have a written Environmental Health & Safety Program/Policies (ex. safety manual)? ☐ Yes ☐ No

What was your company's **EMR** (Value must be in decimal format, for example .85)? _____

Does your firm uphold a management commitment to safety? ☐ Yes ☐ No

Are your exposure (work) hours reflected in your company's exposure (work) hours for OSHA 300 reporting? ☐ Yes ☐ No

Does your company PROVIDE/REQUIRE **eye protection, hardhats, boots and high-vis attire**? ☐ Yes ☐ No



Subcontractor Prequalification Form

Does your company PROVIDE/REQUIRE **pre-engineered fall protection** equipment to your employees? ☐ Yes ☐ No

Does your company conduct pre-task safety meetings prior start of work and if so, are your workers informed of the related job/task-specific hazards associated with the work activity to be performed? ☐ Yes ☐ No

Are your workers trained and knowledgeable in their right to refuse work in the face of imminent danger? ☐ Yes ☐ No

Does your firm have competent person(s) who are already **OSHA 30HR trained** to execute the safety responsibilities? ☐ Yes ☐ No

Does your firm have electrical journeymen that maintain **NFPA 70E** training? ☐ Yes ☐ No ☐ N/A

Does your firm have workers that maintain **ANSI 92 training** for the use of an Aerial Lift? ☐ Yes ☐ No

Does your firm have a Written Exposure Silica Control Program that reflects the use of retro-fitted tools that **collect** fugitive dust by use of a vacuum attachment or **suppress** dust by use of a water delivery system that supplies a continuous stream or spray of water at the point of impact/sawcut point (*Reference Table 1 of the OSHA Silica Standard*)? ☐ Yes ☐ No

Are there any pending judgements, claims, or suits outstanding against your firm? ☐ Yes ☐ No

If Yes, please explain: _____

Has your firm been cited by OSHA in the last five years? ☐ Yes ☐ No

If Yes, please explain: _____



Subcontractor Prequalification Form

7. CONTRACT REFERENCES: Please list your last 3 projects

Year	Project Name/Location	Project Owner/Agency	Type of Work	Contract Amount	Contact Name & Phone Number

Notes:

Name of Preparer: _____ **Date:** _____