

SUBCONTRACTOR PRE-QUALIFICATION FORM



1. SUBCONTRACTOR IDENTITY

Company Name: _____

Area(s) of Expertise: _____

Address: _____

Phone Number: _____ Fax Number: _____

Tax ID or SS Number: _____ Email: _____

Contacts: Project Manager: _____ Billing: _____

Type of Company: Sole Proprietorship Corporation Partnership LLC

Date Company Formed: _____ Total Number of Employees: _____

State(s) in which the company is legally qualified to do business: (Include type/license number):

Names and titles of key personnel in company: _____

Has the company operated under any other name in the past five years? Yes No *If yes, list name(s):*

Does the company have offices, plants or warehouses at other locations? Yes No *If yes, list location(s):*

2. MBE/WBE/SBE CERTIFICATION

Is your company certified as a Minority Business Enterprise, a Women Business Enterprise, a Small Business Enterprise, or any other type of certified business enterprise? Yes No *If yes, which?* _____

3. SAFETY RECORD

In the past five years, has your company or any of its key personnel been investigated for or found to have committed a serious OSHA violation? Yes No *If yes, provide details:* _____

What is your current Workman's Compensation EMR rating? _____

Do you have a written employee safety policy and program? Yes No

Are there any open or aggregate liability claims that would impair your ability to insure any project? No
 Yes* (**If Yes, attach explanation.*)

4. OTHER INFORMATION

Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?

Yes No *If yes, provide date:* _____

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers?

Yes No *If yes, provide date:* _____

Have you ever failed to complete a contract, been defaulted, or had a contract terminated?

Yes No *If yes, provide dates and details:* _____

In the past five years, has your company or any of its key personnel been involved in any lawsuits arising from construction projects? Yes No *If yes, provide details:* _____

5. REFERENCES/CURRENT PROJECTS *(Use extra sheets if necessary)*

Please list (1) Project name, (2) Scope of work, (3) Contract amount and (4) Completion date:

1. _____

2. _____

3. _____

4. _____

The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including all attachments, is true and sufficiently complete so as not to be misleading.

Printed Name: _____ Signature _____

Date: _____ Title: _____

To be pre-qualified as a subcontractor/service provider, please submit the following:

- (1) Completed Subcontractor Pre-Qualification Form
- (2) Company W-9 Form
- (3) Proof of Insurance (Commercial General Liability, Umbrella, Professional Liability, Workers Compensation and Auto)

Submit all documents to GSE in care of: Subcontracting@gseenv.com or by fax at (508) 888-1506.