



SUBCONTRACTOR PRE-QUALIFICATION FORM

Organization Information:

Company Name: _____

Company Address: _____

Owner Name: _____

Owner Phone: _____

Owner Email: _____

Estimator Name (if different): _____

Estimator Phone: _____

Estimator Email: _____

Construction Trades: _____

Type of Organization:

Corporation ____ Partnership ____ Joint Venture ____ Limited Liability ____

Sole Proprietorship: ____ Other _____

Identify all shareholders, partners, members or other persons with an ownership interest in the Organization (based on the type):

Years in Business: _____

Has the Organization filed for bankruptcy in the last five years: _____ YES _____ NO

Union Affiliation: _____ YES _____ NO

If yes: _____



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Annual Construction Volume: _____ Last Year
_____ 2 Years Ago
_____ 3 Years Ago

How many current employees do you have?

- 1. Admin/Office Total _____
- 2. Operations/Field Total _____
- 3. 1099 Sub-Laborers Total _____

Do you have resources for additional manpower if needed or required to complete your scope?

Small Business Designation (check all that apply):

- Service-Disabled Veteran-Owner Business: _____
- Small Disadvantaged Business: _____
- Women-Owned Small Business: _____
- Minority-Owned Business _____
- Other _____

Radius of Travel – (Check all that apply)

- (Corpus Christi-Laredo) – (DFW Area) – (El Paso) – (Houston & Vicinity)
- (Odessa-Lubbock-Abilene) - (San Antonio-Austin) – (Oklahoma City, OK) – (Tulsa, OK)

Multiple States (list): _____

Licensing & Registration:

Jurisdictions in which your Organization is legally qualified to conduct business:

In the past three (3) years from the signature date, has your Organization had any business or professional license suspended or revoked? ___ Yes ___ No ___ No Response

If yes, please describe the circumstances: _____



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Relevant Experience: ___ Government ___ Industrial ___ Office ___ Medical ___ Retail
 ___ Religious ___ Others

Past Projects (Most Relevant First):

(1) Project Name: _____
Location: _____
Contract Price: _____
Completion Date: _____

(2) Project Name: _____
Location: _____
Contract Price: _____
Completion Date: _____

(3) Project Name: _____
Location: _____
Contract Price: _____
Completion Date: _____

(4) Project Name: _____
Location: _____
Contract Price: _____
Completion Date: _____

(5) Project Name: _____
Location: _____
Contract Price: _____
Completion Date: _____



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Supplier Reference: Please provide three (3) references (*Suppliers you plan to use for this Job*)

Company Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

Email: _____

Bank Reference:

Bank: _____ Branch: _____ Phone: _____

Contact Name: _____

Surety & Insurance:

Please review "**Attachment A**" for insurance requirements. Does your Organization currently carry insurance which meets the requirements of Attachment A? Yes No

If No, please explain: _____



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If necessary, can your Organization provide a P&P bond? _____ Yes _____ No

If Yes:

What is your bond rate? _____ %

What is your bonding limit? _____

What is your aggregate bonding capacity? _____

Surety Company Name: _____

Surety Company Address: _____

Surety Contact Person: _____

Surety Company Phone: _____

The undersigned certifies that undersigned is an authorized agent of the Organization identified above and has knowledge of the information requested in this document. Undersigned further certifies that the information provided in this document is true and correct.

Signature Title Date



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“Attachment A”

Insurance Requirements

1. Z Constructors Nationwide, must be listed as a certificate holder
2. Insurance details to be provided on the following forms:
 - a. Accord Certificate of Insurance
 - b. Form No. CG 20 10 11 85
 - c. Combination of Form No. CG 20 10 (Version 07 04 or 10 01) and Form No. CG 20 37 (Versions 07 04 or 10 01)
3. General Liability Insurance ON A PER OCCURANCE BASIS – including the following limits:
 - a. Each Occurrence - \$1,000,000
 - b. General Aggregate (Per Project) - \$ 2,000,000
 - c. Products/Completed Operations Aggregate - \$2,000,000
 - d. Personal & Advertising Injury = \$1,000,000
4. Automobile:
 - a. Combined Single Limit - \$1,000,000
 - b. Under Type of Insurance, **“Any Auto”** box needs to be checked
5. Excess Liability – Umbrella:
 - a. Combined Single Limit (Each Accident) - \$1,000,000
6. Statutory Workers Compensation & Employers Liability:
 - a. Each Accident - \$1,000,000
 - b. Disease (Each Employee) - \$1,000,000
 - c. Disease Policy Limits - \$1,000,000
7. PLEASE ENSURE THAT Z CONSTRUCTORS NATIONWIDE IS LISTED AS ADDITIONAL INSURED & WAIVER OF SUBROGATION IN THE DESCRIPTION OF OPERATIONS BOX ON THE CERTIFICATE WITH THE FOLLOWING WORDING:
“Additional insured status shall be granted to the Certificate Holder under the referenced General Liability policies. General Liability policy includes primary and non-contributory terms as required by written contract. Waiver of Subrogation shall be granted to the Certificate Holders under the referenced General Liability & Automobile Liability as required by written contract. Umbrella policy is to follow term from to GL, Auto, and Employers Liability policies.”