

SUBCONTRACTOR PREQUALIFICATION FORM

6060 East Fulton ■ Ada, Michigan 49301-0208 ■ (616) 676-1222 ■ fx (616) 676-1676

* Prequalification Form will NOT be accepted unless it is completed in its entirety.

Date Completed: _____

BUSINESS INFORMATION

Company Name: _____

Address: _____

If corporate office, check here

Primary Contact: _____

Phone: _____ Fax: _____

E-Mail: _____

Other Branch Offices: _____

LEED Accredited Professional on Staff? Yes No

Number of completed LEED projects? _____ (Attach list and certification level)

Design/Build Experience: Yes No
 If yes, Engineering Staff is: Internal External
 State limits of Design/Build Liability Insurance _____

Years in Business Under Present Name _____ Years

Status: Non-Union Union

Employer Identification No.: _____

Contractors License Number: *(if applicable)* _____

Average Contract Size over the last five (5) years: \$ _____

Average annual revenue over the last five (5) years: \$ _____

Current work load: \$ Volume _____ Number of projects: _____

Employees - Office: _____ Field - 3 year average: _____ Field - Current: _____

Company Type: Corporation Partnership LLC Individual
 DBA Joint Venture Sole Proprietor

WORK PERFORMED

List the work categories or CSI sections that your firm normally performs:

List work typically self-performed by your firm:

List work typically subcontracted by your firm:

Check the categories your company has experience in:

<input type="checkbox"/> Healthcare	<input type="checkbox"/> Education K-12	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Multi-Story
<input type="checkbox"/> Hotel/Motels	<input type="checkbox"/> Correctional	<input type="checkbox"/> Churches	<input type="checkbox"/> Waste Water
<input type="checkbox"/> Industrial	<input type="checkbox"/> Retail	<input type="checkbox"/> Commercial	<input type="checkbox"/> Water Filtration

Check all Michigan regions your company does business:

<input type="checkbox"/> SW (I-94 corridor/W of US 27)	<input type="checkbox"/> West (US-10 to I-94/W of US 27)	<input type="checkbox"/> NW (North of US 10/W of US 27)
<input type="checkbox"/> SE (S of US 10/E of US 27)	<input type="checkbox"/> NE (North of US 10/E of US 27)	

SUBCONTRACTOR PREQUALIFICATION FORM

BUSINESS CLASSIFICATION

City of Grand Rapids - Prequalified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your business meet a DBE classification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please complete the remainder of this section.</i>		
<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Grand Rapids Micro-LBE	<input type="checkbox"/> Other _____
<input type="checkbox"/> Women Owned	<input type="checkbox"/> Disadvantaged Business	

INSURANCE

Commercial General Liability (Occurrence Form):		
	Current Coverage	Required Coverage
Combined Bodily Injury and Property Damage Liability		
General Aggregate	\$ _____	\$2,000,000
Products - Complete Operations Aggregate	\$ _____	\$2,000,000
Each Occurrence	\$ _____	\$2,000,000
Personal Injury	\$ _____	\$1,000,000
Workers' Compensation and Employer's Liability:		
Coverage A:		
Statutory Coverage:		
	Current Coverage	Required Coverage
Coverage B:		
Employers Liability	\$ _____	\$100,000 Each Accident
	\$ _____	\$500,000 Disease
	\$ _____	\$100,000 Disease, Each Employee
Waiver of Subrogation:		Endorsement included in favor of Contractor and Owner
Business Auto Policy:		
	Current Coverage	Required Coverage
Combined Bodily Injury and Property Damage Liability (combined single limit):	\$ _____	\$1,000,000 Each Accident
Umbrella Policy:		
Limits of Umbrella on the Employer's Liability, Commercial General Liability and Automobile Liability (following form basis)	\$ _____	Each Occurrence
	\$ _____	Aggregate
Erhardt Construction, Owner and Architect shall be included as Additional Insureds.		
Is additional insured coverage for completed operations available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is EIFS coverage available under your CGL policy? <i>(drywall bidders only)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUBCONTRACTOR PREQUALIFICATION FORM

BONDING

Is your company Bondable? Yes No

(If no, provide explanation.)

Bonding Capacity in aggregate: \$ _____

Bonding Capacity per project: \$ _____

Bonding Company (Surety): _____

Bonding Rate per \$1,000: _____

Bonding Company A.M. Best Rating: _____

Bonding Agency Name: _____

Phone: _____

Dun & Bradstreet Rating: _____

PAST PERFORMANCE

Has your organization ever failed to complete any awarded work in the last seven (7) years?

Yes No

(If Yes, attach explanation)

Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years.

Yes No

(If Yes, attach explanation)

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last seven (7) years?

Yes No

(If Yes, attach explanation)

SAFETY

How many OSHA violations has this business incurred over the past three years? _____

What is this business' Worker's Comp EMR history for the past 3 years and the current year?

Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

What is this business' OSHA recordable incident rate for the past 3 years and the current year?

(Number of recordables X 200,000 / man-hours worked)

Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

Has this business incurred any fatalities over the past three years?

Yes No

Does this business have a written safety policy?

Yes No

Does your firm have a written substance abuse policy?

Yes No

Does your firm have a full-time corporate or site safety professional or consultant?

Yes No

SUBCONTRACTOR PREQUALIFICATION FORM

REFERENCES					
List Contact information for three (3) owners, general contractors, or construction managers for whom the company has worked for in the past (5) years below:					
Company	Contact	Phone	Email or Fax		
List Contact information for three (3) suppliers from whom the company has purchased materials or subcontractors which the company has hired in the past (5) years below:					
Company	Contact	Phone	Email or Fax		
List projects completed for Erhardt Construction or Erhardt joint ventures and name of higher tier subcontractor for whom you worked (if any):					
Project	Sub to	Contact	Phone	Email or Fax	
List representative projects completed in the last five (5) years along with contract amount, and reference:					
Project	Amount	Sub to	Contact	Phone	Email or Fax

The undersigned certifies that the information provided herein is true and sufficiently complete so as to not be misleading.

Completed By: _____
(Print or Type)
(Signature)

Title: _____

Date Completed: _____