



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 <input type="checkbox"/>	
Primary Contact: _____	
Phone: _____	Fax: _____
E-Mail: _____	
Other Branch Offices: _____	
LEED Accredited Professional on Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of completed LEED projects?	_____ (Attach list and certification level)
Design/Build Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Engineering Staff is:	<input type="checkbox"/> Internal <input type="checkbox"/> External
State limits of Design/Build Liability Insurance	_____
Years in Business Under Present Name	_____ Years
Status: <input type="checkbox"/> Non-Union <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual	
<input type="checkbox"/> DBA <input type="checkbox"/> Joint Venture <input type="checkbox"/> 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)		

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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):

Combined Bodily Injury and Property Damage Liability

	Current	Coverage	Required Coverage
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
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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:

Combined Bodily Injury and Property
Damage Liability (combined single limit):

Current	Coverage	Required Coverage
\$		\$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? ☐ Yes ☐ No

Is EIFS coverage available under your CGL policy? (drywall bidders only) ☐ Yes ☐ No

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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

Do you participate in the ABC STEP program? IF "Yes", at what award level?

Level _____

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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:
