



SUB-CONTRACTOR PRE-QUALIFICATION FORM

ALL questions must be answered to be considered for pre-qualification.

CONTRACTOR INFORMATION

Company Name: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

This address is the: ☐ Main Office ☐ Regional Office ☐ Branch Office

Contact Name: _____ Title: _____

Email Address: _____ Website: _____

Your organization is: ☐ Union ☐ Merit Shop ☐ Other _____

Scope(s) of Work: _____

Contractor's License Number: _____ State: _____ Expiration: _____

Regions your company covers: ☐ NW Indiana ☐ NE Indiana ☐ Indianapolis ☐ Southern Indiana

☐ Central Indiana ☐ Lafayette ☐ Chicago ☐ Other _____

Company Type: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Sub. S. Corporation

State of Incorporation: _____ Date of Incorporation: _____

Taxpayer Identification Number: _____ Date Company Established: _____

Under what other names has your firm operated? _____

How many people are currently employed by your organization?

Home Office _____ Field Supervision _____ Trades People _____

How many people, on average, have been employed by your organization for the past 3 years?

Home Office _____ Field Supervision _____ Trades People _____

PERFORMANCE INFORMATION

Has your organization, or any of its principals, ever: petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? ☐ Yes ☐ No

If yes, please explain: _____

Has your organization ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? ☐ Yes ☐ No

If yes, please explain: _____

Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers? ☐ Yes ☐ No

If yes, please explain: _____

Please list any litigation brought against your organization asserting your failure to make payments to anyone.

Please list any unions with whom your organization has agreements:

Union Local Number	Union Name	Agreement Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please rank the volume of contract that your organization is most competitive in performing (enter 1 for best, 2 for next best, etc.; leave blank those volumes that are not within your company's ability to perform).

_____	Under \$50,000	_____	\$500,000 - \$750,000
_____	\$50,000 - \$100,000	_____	\$750,000 - \$1,000,000
_____	\$100,000 - \$150,000	_____	\$1,000,000 - \$2,000,000
_____	\$150,000 - \$250,000	_____	\$2,000,000 - \$4,000,000
_____	\$250,000 - \$500,000	_____	Over \$4,000,000

List the scopes of work normally performed by your organization's own forces:

What trades are normally subcontracted by your organization? _____

What percentage of your organization's work is normally subcontracted? _____

What is the largest contract ever completed by your organization? _____

Contract Amount: _____ Date Completed: _____

What is the largest contract your organization expects to perform this year? _____

Contract Amount: _____ Projected Date of Completion: _____

What is the expected annual volume of your organization this year? _____ # Of Projects? _____

Please list the average volume of work performed over the past 5 years:

Year	\$ Volume
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Bonding Company: _____ Contact Name & Phone: _____

Bonding Capacity: \$ Per Project _____ \$ Aggregate: _____ Bond Rate: _____%

Date of last Bond: _____ Amount: \$ _____

Please list persons or organizations that provide indemnification to your surety company: _____

Please list 3 of your major suppliers:

Company	Address	Contact	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any trade association memberships: _____

Please list any training programs (trade or management) in which your organization participates: _____

INSURANCE INFORMATION

Agent/Broker: _____

Contact: _____

Phone: _____

Commercial General Liability Carrier: _____

Policy Form: _____ Occurrence _____ Claims Made _____ Deductible: \$ _____

Excess Liability Carrier: _____

Policy Form - Umbrella: _____ Yes _____ No _____ Limits: \$ _____

Worker's Compensation and Employer's Liability Carrier: _____

Limits: \$ _____

Automobile Liability Carrier: _____

Limits: \$ _____

Professional Liability Carrier: _____

Office Policy Limit: \$ _____ Deductible: \$ _____

Project Specific Limit: \$ _____

SAFETY INFORMATION

List your firm's experience modification rate (EMR) for the past three years. **Attach** a copy from your insurance carrier (on their letterhead) verifying the EMR rate.

Year 20 _____ Year 20 _____ Year 20 _____

Please use your OSHA 300/200 logs (or insurance loss runs) to complete this section.

Number of injuries or illnesses:	Year 20	Year 20	Year 20
1. Number of "work loss" incidents (Columns 2 & 9)			
2. Number of OSHA recordables (Columns 2, 6, 9, & 13)			
3. Number of fatalities* (Total Columns 1 & 8)			

****Supporting documentation must be attached if fatalities were reported.***

Total employee hours worked: _____

OSHA Recordable Incidence Rate _____

OSHA Lost Workday Incidence Rate _____

Have you received any OSHA/IOSHA citations in the past 3 years? ☐ YES * ☐ NO
Year _____ #Violations_____ Year_____ #Violations _____ Year_____ # Violations _____

**If yes, submit summaries of each citation and corrective actions that have been instituted as a result of each citation.*

Does your organization have a qualified person responsible for safety? ☐ YES ☐ NO
If yes, describe their qualifications: _____

Does this person perform safety inspections on all of your projects? ☐ YES ☐ NO Frequency:_____

Does your organization have a written Safety Program and will copies be provided to Aspen Group if requested?
☐ YES ☐ NO

Does your organization have a substance abuse policy? ☐ YES ☐ NO

If yes, please note which check form is used:

Pre-hire/Initial Employment	_____	Cause	_____
Post Accident/Incident	_____	Random	_____
Periodic	_____	Other	_____

Does your organization have a light duty/return to work program? ☐ YES ☐ NO
If yes, please describe: _____

Does your organization require documented safety meetings for the following employees?

Field Supervision	<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency _____
New Hires	<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency _____
Employees	<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency _____
Subcontractors/Vendors	<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequency _____

Does your organization provide safety training for all employees? ☐ YES ☐ NO
If yes, please provide a list of the training provided _____

Does your organization set annual safety goals? ☐ YES ☐ NO

Does your organization utilize any of the following systems to improve jobsite safety?

Recognition program for employees for safety performance excellence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Disciplinary program for safety violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Review safety management systems of subcontractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Accident and/or safety investigations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
OSHA-10 training for field personnel?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion (include contact people and their phone number).

ATTACH a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work (include contact people and their phone number).

ATTACH a copy of your latest audited financial statement (this is strictly for pre-qualification purposes and will be treated confidentially).

The above information has been answered in a full and complete manner, and is an accurate representation of the business described herein. We realize that Aspen Group will rely on the accuracy of this information in determining our ability to qualify for work to award us. We also expect Aspen Group to treat this information with the utmost confidentiality.

Name of Company: _____

Signed by: _____ (must be an officer of the Company)

Title: _____ Date of Signature: _____