

Subcontractor Pre-Qualification Worksheet
Contractor's License(s) States and Numbers

From: _____

State: ARIZONA No.: _____

Address: _____

State: _____ No.: _____

State: _____ No.: _____

Phone: _____

State: _____ No.: _____

Fax: _____

Federal I.D. No.: _____

E-Mail: _____

Estimating Contact: _____

Website: _____

Contact Title: _____

Year Business Started: _____

Referred By: _____

Union/ Signatory: Yes No Subcontractor: Vendor/Supplier:

1. Trade Categories – List categories of work you are qualified to perform.

2. Project Types – Please check the type and size of building projects your company has completed.

- Commercial Industrial Bldg Mid Rise Office Building Other _____
 Healthcare Retail Design Build/Design Assist Other _____
 Clubhouse/Resorts Parks Davis/Bacon Wages Other _____
 Sports/Entertainment

Average Subcontract Size – Up to \$100K \$100 to \$250K Up to \$500K \$1M
 \$5M \$5M+

3. LEED. Has your company had experience with LEED projects? yes no
 Do you have any LEED accredited Professionals? yes no

4. Performance Reference - Provide a minimum of five recently completed jobs with **five DIFFERENT General Contractors, Superintendent Contact Names** and corresponding references for the above selected project types. Additional job list and company brochure appreciated.

PROJECT	GENERAL CONTRACTOR & SUPERINTENDENT NAME	TELEPHONE NUMBER	FAX NUMBER	SUBCONTRACT VALUE
				\$
				\$
				\$
				\$
				\$

5. 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)

6. Annual Volume – What was the average annual volume of work completed in the last three years as well as next year’s forecast? (Forecast Volume)

\$ _____ \$ _____ \$ _____ \$ _____
20__ 20__ 20__ (Forecast Volume 20__)

7. Bonding Company and Agent’s Name & Telephone

Surety: _____

Agent: _____

Phone: _____

Please enter your company’s bonding limits:

Date of Last Bond: _____ Amount: \$ _____ Bond Rate _____ %

Bonding Capacity:

\$ _____ **Per Job** \$ _____ **Aggregate**

8. Is your company a certified: [] MBE [] WBE [] DBE [] SBE [] Native American [] N/A

Certified by: _____

Provide number of: Office Personnel _____ Field Supervisors _____ Avg. Field Labor _____

9. List the name and title of the Company’s Principals:

Name: _____ Name: _____ Name: _____
Title: _____ Title: _____ Title: _____

10. Quality - Has your company implemented a Total Quality Management (T.Q.M.) System?

[] YES [] NO Do you have a written manual? [] YES [] NO

11. Safety - In the past 5 years, has your company had any fatalities, falls over 10', or been cited by OSHA for a “serious” or “willful” violation? [] YES [] NO

If yes to any of these questions, please attach a brief description of each occurrence.

12. Worker’s Compensation: Please list your Worker’s Compensation Modifier or EMR for the last 3 years.

Yr./Rate 20 / _____ Yr./Rate 20 / _____ Yr./Rate 20 / _____

13. General Liability: What is your limit to general liability insurance? _____

Please attach an **Insurance Certificate** reflecting your coverage and limits.

14. Will your general liability insurance company provide language on the certificate, that for claims related to your work, **your insurance is primary** and ForeSite’s will be non-contributory? [] YES [] NO

15. Will your general liability insurance company and worker’s compensation company provide language on the certificate of insurance for “**waiver of subrogation**”? [] YES [] NO

16. Financial Reference – Attach or mail a copy of your most recent fiscal year ending Balance Sheet.

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

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

Title: _____ Date Completed: _____

Thank you for your interest in Foresite Design & Construction, Inc. Please return this form to the office listed below.

ForeSite Design & Construction
Attn: David Holt
124 W. Orion, Suite 3 , Tempe, AZ 85283

Phone: (480) 820-1345/ Fax:(480) 820-1305
E-Mail: dave.holt@foresite-inc.com