

# Southern Constructors, Inc.

## Subcontractor Pre-Qualification Form

Date:

### SUBCONTRACTOR GENERAL INFORMATION

Company:  Fed. I.D.:

Corporation       Sub S Corp       LLC       Partnership       Proprietorship

Address:  City:  State:  Zip Code:

Phone:  Fax:  Primary Contact:

Email Address:  Primary Contact Cell:

### BUSINESSDETAILS

Date Co. Established:  Total No. Employees:  Contractor's License Number:

Expiration Date:  Classification:

DBE Status:  Certifying Agency:

Gross Revenue (last 3 years)

20  \$       20  \$       20  \$

Current Backlog (include committed work)

Total Value:  % Complete:  No. of Projects:

Has contractor conducted business under a different name?  Yes  No

If yes, provide name(s):

Are you part of a Parent Company or does another company own any interest in your company?  Yes  No

If yes, explain:

Have you ever failed to complete work awarded to your company or defaulted on a contract?  Yes  No

If yes, explain:

Are you currently involved in a lawsuit or have any pending legal actions?  Yes  No

Has there been any changes in ownership or top management within the past 3 years?  Yes  No

Are you an AGC Member?  Yes  No

Have you participated on LEED certified projects before?

Yes  No

Does Someone at your company have their LEED Certification?

Yes  No

Provide an Organizational Listing of Owners, Officers and Management Staff:

  

  


## BUSINESS REFERENCES

Primary Bank Name / Address:

Contact Name:  Phone Number:

Bonding Agency:  Bonding Agency Contact Name:

Phone Number:  **Please provide a reference letter from your financial institution including your financial standing and history**

Bonding Company:  Years with current bonding Co.?

Bonding Program Limits:

Single Job \$:  Aggregate \$:  Bond Rate %:

Insurance Agency:  Contact Name:

Phone Number:

EMR (Experience Modification Rate) for last 3 years? 20   20   20

Submission of this document constitutes authorization for Southern Constructors, Inc. to contact any of the above agencies to obtain general information about business relationships.

## SUBCONTRACTOR SAFETY REVIEW

Do you have a written Safety Program?  Yes  No

Job related employee deaths?  Yes  No

Any OSHA Citations?  Yes  No

**Please provide current OSHA 300 Logs and OSHA 300A Summaries**

Company Safety Officer?  Yes  No

If so, Contact Name and Phone Number