

SUBCONTRACTOR/SUPPLIER PREQUALIFICATION FORM



Please send completed form to:

GBC Construction LLC
1925 NW 9th Street
Corvallis, OR 97330

1. Company Information

Name of Business: _____

Street Address: _____

PO Box: _____

City, State ZIP: _____

Telephone: _____ Cell: _____

Fax: _____

Primary Estimator: _____

Type of Work Licensed to Perform: _____

State _____ State: _____

Additional _____

2. Company Organization

Type of Organization: _____ Corporation # _____ State: _____

_____ Partnership # _____

_____ LLC # _____

_____ Sole Proprietor # _____

Date Founded: _____

Names & Titles of Officers or Principals: _____

MWBE Certifications: _____ MBE _____ WBE _____ DBE _____ ESB

Dun & Bradstreet #: _____

Years in Business: _____

Years in Business Under Present Name: _____

Other and/or Former Company Name: _____

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Parent Company Name: _____

Other Organizations or Subsidiaries Owned or Controlled by your Company or its Officers:

Annual Dollar Amount of Projects: 20 ____ \$ ____ 20 ____ \$ ____ 20 ____ \$ ____

Preferred Job Cost Range: \$ _____ to \$ _____

3. Bidding Interest

Type of Work/CSI Classification: _____

(See Attachment A) _____

Trades Performed by Company: _____

Items Furnished: _____

4. Experience

Please complete the attached Resume of Work Performed (Attachment B) or attach a substantially similar report for major projects completed within the past years.

Have you contracted for Design/Build or Guaranteed Maximum Price work within the past five years? ____ Yes ____ No

Has this organization or any other organization with which the officers or partners were involved with during the past five years ever failed to complete any work awarded to them? ____ Yes ____ No

Has your company ever been involved in any bankruptcy or reorganization proceedings? ____ Yes ____ No

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

Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the past five years? ____ Yes ____ No

If you answer yes to any of the previous five questions, please explain on a separate page.

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5. Labor and Labor Relations

This company is Signatory to Union Labor Agreements: Yes No

If yes, trade agreement(s) are with: _____

Current Number of Employees:

Field Employees: # _____ Union: Yes No

Shop Employees: # _____ Union: Yes No

Office Employees: # _____ Union: Yes No

6. Fabrication Shops: Type: _____ Location: _____

7. Product Distribution:

List of manufacturers for whom you are a licensed distributor and/or products that you manufacture:

8. Safety Data and Record:

Safety record of subcontractors is an important consideration. Please complete Attachment C of this form.

9. References (Include name, address and telephone number):

Bank Reference: _____

Bonding Company: _____

Agent: _____

Telephone: _____

Bonding Capacity: \$ _____

Last Bond Premium (%): _____

Last Bond Issued (date, amount, type): _____

Trade Credit References: 1. _____

2. _____

3. _____

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10. Financial Information

Current Assets: \$ _____
Fixed Assets: \$ _____
Other Assets: \$ _____
TOTAL ASSETS: \$ _____
Current Liabilities \$ _____
Long-Term Liabilities \$ _____
TOTAL LIABILITIES: \$ _____
NET WORTH: \$ _____

Date of most recent Certified Balance Sheet: _____

Prepared by: _____

Is this most recent Certified Balance Sheet Available on request? ___ Yes ___ No

If not, please explain the relationship and financial responsibility of the organization whose information is provided: _____

11. Additional Information: Please list any additional information that will assist us in determining the qualifications of your company: _____

Please identify specific plan centers, publications, or other bid information sources your firm utilizes: _____

12. Signatures:

This prequalification questionnaire was completed by:

Name: _____

Title: _____

Date: _____

Signature: _____

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ATTACHMENT A CSI CLASSIFICATIONS

SITE WORK					
	02050	Basic Site Work		02060	Demolition
	02070	Saw Cutting		02150	Abatement
	02200	Site Preparation		02211	Site Cleaning
	02285	Scaffolding		02300	Earthwork
	02310	Grading		02460	Shoring
	02470	Pile Driving		02500	Utility Services
	02700	Pavement		02710	Pavement Markings
	02720	Extruded Curb		02810	Fencing & Gates
	02910	Landscaping			
CONCRETE					
	03050	Basic Concrete		03100	Concrete Formwork
	03200	Reinforcing Steel		03400	Precast Concrete
	03500	Cementitious Deck		03900	Restoration/Cleaning
MASONRY					
	04200	Masonry		04400	Stone
METALS					
	05100	Structural Framing		05200	Metal Joists
	05300	Metal Deck		05500	Metal Fabrications
	05700	Ornamental Metal		05800	Expansion Control
WOODS					
	06100	Rough Carpentry		06200	Finish Carpentry
	06300	Casework		06400	Architectural Woodwork
THERMAL/MOISTURE					
	07100	Waterproofing		07200	Building Insulation
	07240	Exterior Insulation		07400	Roofing
	07800	Fire/Smoke Protection		07900	Joint Sealers
DOORS & WINDOWS					
	08050	Doors/Frames/Relites		08110	Door Hardware
	08200	Wood Doors		08330	Coiling Doors
	08360	Overhead Doors		08800	Glazing
FINISHES					
	09100	Metal Stud Walls		09550	Wood Floors
	09650	Resilient Floors		09655	Carpet Flooring
	09800	Special Coatings		09900	Paints & Coatings
	09950	Wall Coverings			

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SPECIALTIES					
	10100	Visual Display Board		10200	Louvers & Vents
	10260	Wall and Corner Guards		10270	Access Flooring
	10400	Signs		10500	Lockers
	21000	Fire Protection		10600	Operable Partitions
	10800	Toilet Accessories			
EQUIPMENT					
	11130	Projection Screen		11400	Food Service Equipment
FURNISHINGS					
	12500	Window Treatments			
SPECIAL CONSTRUCTION					
	13120	Metal Building Systems			
CONVEYING SYSTEMS					
	14200	Elevators			
MECHANICAL					
	21000	Fire Protection		22000	Plumbing
	23000	HVAC		25000	Controls
ELECTRICAL					
	26000	Electrical		27000	Communications
	28000	Fire Alarms			

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**ATTACHMENT B
WORK REFERENCES**

INCLUDE PROJECTS CURRENTLY UNDER CONTRACT & RECENTLY COMPLETED

JOB #1

Project Name & Location: _____

Prime Contractor: _____

Description of Work Performed: _____

Contract Amount: \$ _____ Year Completed: _____

Contact Name: _____ Telephone #: _____

JOB #2

Project Name & Location: _____

Prime Contractor: _____

Description of Work Performed: _____

Contract Amount: \$ _____ Year Completed: _____

Contact Name: _____ Telephone #: _____

JOB #3

Project Name & Location: _____

Prime Contractor: _____

Description of Work Performed: _____

Contract Amount: \$ _____ Year Completed: _____

Contact Name: _____ Telephone #: _____

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**ATTACHMENT B
WORK REFERENCES con.**

JOB #4

Project Name & Location: _____

Prime Contractor: _____

Description of Work Performed: _____

Contract Amount: \$ _____

Year Completed: _____

Contact Name: _____

Telephone #: _____

JOB #5

Project Name & Location: _____

Prime Contractor: _____

Description of Work Performed: _____

Contract Amount: \$ _____

Year Completed: _____

Contact Name: _____

Telephone #: _____

JOB #6

Project Name & Location: _____

Prime Contractor: _____

Description of Work Performed: _____

Contract Amount: \$ _____

Year Completed: _____

Contact Name: _____

Telephone #: _____

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ATTACHMENT C SUBCONTRACTOR SAFETY PROGRAM

Complete all requested information blocks. Failure to provide the information as requested may affect your ability to be considered. If you feel the information requested is not applicable to your company put N/A in the information block and explain on a separate sheet of paper.

BIDDER:		TELEPHONE:	
ADDRESS:		FAX:	
CITY:		SIC #:	
STATE/ZIP:		YEARS IN BUSINESS:	
CONTACT NAME:			

	Current Year	20__	20__	20__	20__	20__
1. Company Experience Modification Rate (EMR)						
2. Total man-hours worked , including overtime (in OO's)						
3. Total # of SSHA recordable cases						
4. # of lost workday cases						
5. # of lost workdays						
6. # of cases with job transfer or restriction						
7. # of days of restricted work activity						
8. # of fatalities						
9. Explain any fatalities listed in item #8. <i>(Provide a separate sheet if necessary)</i>						

10. Do you hold on-site safety meetings with your field superintendent? ___ Yes ___ No
11. If yes, how often? ___ Weekly ___ Bi-Monthly ___ Monthly ___ As Needed
12. Does your company have a safety officer/ department ___ Yes ___ No
13. Do you conduct project safety inspections? ___ Yes ___ No
14. If Yes, who conducts these inspections? _____
15. How often? ___ Weekly ___ Bi-Monthly ___ Monthly ___ As Needed
16. Do you have a written safety program? ___ Yes ___ No

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**ATTACHMENT C
SUBCONTRACTOR SAFETY PROGRAM con.**

17. Do you have an orientation program for new hires specifically to the job site?

Yes No

If yes, does the orientation include instruction/training on the following?

- 18. Eye/fact protection Yes No N/A
- 19. Head protection Yes No N/A
- 20. Hearing protection Yes No N/A
- 21. Respiratory protection Yes No N/A
- 22. Personal fall protection device Yes No N/A
- 23. Foot protection Yes No N/A
- 24. Hand protection Yes No N/A
- 25. Scaffolding Yes No N/A
- 26. Perimeter guarding Yes No N/A
- 27. Housekeeping Yes No N/A

If yes, does the orientation include instruction/training on the following?

- 28. Fire protection Yes No N/A
- 29. First aid procedures Yes No N/A
- 30. Emergency response Yes No N/A
- 31. Hazard communication Yes No N/A
- 32. Trenching and excavation Yes No N/A
- 33. Signs, barricades and flagging Yes No N/A
- 34. Substance abuse screening Yes No N/A
- 35. Lock out/tag out procedures Yes No N/A
- 36. Electrical safety Yes No N/A
- 37. Rigging and crane safety Yes No N/A
- 38. Accident reporting Yes No N/A
- 39. Competent person requirements Yes No N/A

40. Are tool box safety meetings held? Yes No N/A

41. How often? Weekly Bi-Monthly Monthly As Needed

42. Do you have a formal substance/drug screening that covers all construction workers? Yes No

The attached information was compiled from the records that are available to me at this time and I declare that the information is true and accurate within the limitations of those records.

Name of person completing the questionnaire (print): _____

Signature: _____ Date: _____