



SUBCONTRACTOR PREQUALIFICATION FORM

COMPANY INFORMATION

Company Name: _____	Company Type: _____
_____	Ownership Structure: _____
Legal Company Name: _____	Website Address: _____
_____	Year Established: _____
Company Address: _____	Dun & Bradstreet #: _____
_____	Federal Tax ID #: _____
_____	Total # of Employees: _____
County: _____	# of Field Employees: _____
Phone Number: _____	Percent of Work Self Performed: % _____ <small>(based on annual review)</small>
Fax Number: _____	
Has ownership changed in the last three years? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
<small>(If yes, please explain below.)</small>	

COMPANY CONTACTS

<u>Contact for Invitations to Bid:</u>	<u>Contact for General Information:</u>
Contact Name: _____	Contact Name: _____
Title: _____	Title: _____
Phone Number: _____	Phone Number: _____
E-mail Address: _____	E-mail Address: _____

PARENT/AFFILIATE INFORMATION

<u>Name:</u>	<u>Describe Relationship:</u>
1: _____	_____
2: _____	_____

UNION AFFILIATION

Union Affiliated? (If yes, list name[s] of Union[s])	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
1: _____	<u>Check All That Apply:</u>	
2: _____	<input type="checkbox"/>	Union Affiliation of Field Personnel
3: _____	<input type="checkbox"/>	Union Affiliation of Shop Personnel



LICENSES

Issuing Authority:	Class:	License Number:	Expiration Date:
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____
4: _____	_____	_____	_____

TRADE/GEOGRAPHIC RANGE

Primary Trades/Scopes Typically Performed:

Service States:

Geographic Regions Where You Perform Work:

PRODUCT/SERVICE SEGMENTS

List percentage of work performed in the last [3] years (total must equal 100%):

Hospital/OSHPD	_____ %	Tenant Improvements	_____ %
Residential	_____ %	Commercial Office Building	_____ %
Higher Education	_____ %	Research/BioTech/Laboratory	_____ %
K-12 Schools	_____ %	Restaurant/Cafeterias	_____ %
Hospitality	_____ %	Other (Please explain below)	_____ %

REFERENCES

Trade/Supplier (please provide [3] references):

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Title: _____	Title: _____	Title: _____
Phone: _____	Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____

General Contractor/Client (please provide [3] references):

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Title: _____	Title: _____	Title: _____
Phone: _____	Phone: _____	Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____



INSURANCE

Please attach a copy of your insurance certificate and all mandatory endorsements listed below – Insurance must comply with HBC Terms of Subcontract

Broker Name: _____

General Liability Insurance:

Each Occurrence: \$ _____ Aggregate: \$ _____

* Confirm the following:

Per Project Basis:

Additional Insured Endorsement:

Primary and Non-Contributory Endorsement:

Waiver of Subrogation:

Auto Liability Insurance:

Combined Single Limit: \$ _____

* Confirm the following:

Any Auto or Owned, Hired, Scheduled, and Non-Owned Autos covered:

Additional Insured Endorsement:

Excess/Umbrella Liability Insurance:

Each Occurrence: \$ _____ Aggregate: \$ _____

*Refer to Insurance Tiers for Excess/Umbrella Requirements

Workers Compensation/Employers Liability:

WC Statutory Limit:

EL Each Accident: \$ _____

EL Disease Each Employee: \$ _____

EL Disease Policy Limit: \$ _____

Waiver of Subrogation:

Cancellation Provision:

30 days notice of cancellation to HBC?

PAYMENT & PERFORMANCE BONDING

*please attach a letter of bondability from your bonding agent or bonding company, to serve as a written record confirming your bondability and the bonding information you provided

Bondable? YES: NO: (Payment and Performance Bond)

Company: _____ Bonding Rate: _____

Contact Name: _____ Single Project Limit: _____

Title: _____ Aggregate Limit: _____

Phone Number: _____ Available Capacity: _____

Email Address: _____

LITIGATION

Has your company ever defaulted, failed to complete or been terminated on a contract? YES: NO:
 (If yes, please explain.)

Has your company ever gone through a bankruptcy or reorganization? YES: NO:
 (If yes, please explain.)

FINANCIAL

Financial statements may be required to qualify for certain projects. If requested, will you comply?

YES: NO:

SAFETY

EMR (Experience Modification Rate):

**This relates to your Workers Compensation insurance and you can acquire this information from your insurance provider.*

2024: _____ 2023: _____ 2022: _____

Does your company have a written drug test policy? YES: NO:

Does your company have a written safety program? YES: NO:

Number of Serious OSHA Violations:

2023: _____ 2022: _____ 2021: _____

Number of General OSHA Violations:

2023: _____ 2022: _____ 2021: _____

SUPPLIER ENVIRONMENTAL ASSESSMENT

Does your company have a written ESG and/or Environmental Sustainability Policy? YES: NO:

How many Certified Green Building projects has your company built in the past five years, e.g. LEED, WELL, Fitwel, Energy Star, BREEAM, Living Building Challenge, or similar? _____

What percentage of your staff are GPRO Certified, LEED Credentialed, or similar? _____%

MINORITY CERTIFICATIONS

**please attach a copy of your minority/disadvantaged status certificates*

Certification Type (MBE, WBE, Etc.):	Certifying Agency:	Certification Number:	Expiration Date:
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____
4: _____	_____	_____	_____

ATTACHMENTS (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Sample of Insurance Certificate (REQUIRED) | <input type="checkbox"/> Written Safety Program |
| <input type="checkbox"/> Contractor's License (REQUIRED) | <input type="checkbox"/> ESG Policy/Statement/Assessment |
| <input type="checkbox"/> Letter of Bondability | <input type="checkbox"/> Annual ESG/CSR Report |
| <input type="checkbox"/> Minority/Disadvantaged Status Certification | |

By submitting this Prequalification form, you agree to HBC's Terms and Conditions of Subcontract. Any contract issued by HBC will include these terms. A copy is available upon request.

Submitted By:

Name (signature): _____ Date: _____

Title: _____

**Please return this completed form and supporting documents by e-mail to:
 subcontractors@howardbuilding.com**