



Prequalification Form

GENERAL COMPANY INFORMATION

Company: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Duns No: _____ Attached W-9 Form (Y / N): [W-9 Form](#)
 Under what other former name has your organization operated? _____
 Website: _____
 Submitted By: _____ Email: _____

Please list principals of your organization:

Name:	Title:
Phone No:	Email:
Name:	Title:
Phone No:	Email:
Name:	Title:
Phone No:	Email:

Contractors License No:	State:	Class:
Contractors License No:	State:	Class:
Contractors License No:	State:	Class:

Preferred Project Size: \$10K - \$250K \$251K - \$500K \$1M \$2M \$5M+

Line of Business: _____

Trade(s) NAICS Codes: _____

CSI Codes: _____

Areas you work: check boxes

<input type="checkbox"/> Southern California	<input type="checkbox"/> Arizona	<input type="checkbox"/> Nevada	<input type="checkbox"/> _____
<input type="checkbox"/> Northern California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Texas	<input type="checkbox"/> _____
<input type="checkbox"/> Central California	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Utah	<input type="checkbox"/> _____

Type of work: check boxes

<input type="checkbox"/> Military	<input type="checkbox"/> Hospital	<input type="checkbox"/> Commercial
<input type="checkbox"/> Military - Renovation	<input type="checkbox"/> Hospital - Renovations	<input type="checkbox"/> Schools/Universities

SURETY

Surety Company: _____
 Contact Name: _____
 Phone Number: _____ Fax: _____ Email: _____
 Bondable: Yes No Aggregate Capacity: _____ Rate: _____
 Single Capacity: _____

If you are attempting to qualify for an anticipated subcontract value in excess of \$250K, submit a letter from your Surety indicating the single project and aggregate amounts for which they will issue a performance and payment bond (SCI is not asking for the bonds at this time).



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Company Name: _____	Date: _____
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EXPERIENCE

1. Has your company had experience with a LEED project? Yes No

2. Have you had Litigation in the past 5 years? Yes No *(If yes, provide details/unresolved issues)*

3. Are there any judgments, claims or suits pending or outstanding against you? Yes No

4. Ever failed to complete a project? Yes No *(If yes, provide and details/unresolved issues)*

5. List your company's backlog (total work in progress and under contract, but not yet started) as of today and for the next two years:
 Backlog as of today: \$ _____ 0-12 months: \$ _____ 12-24 months: \$ _____

6. Project: Largest Contract: \$ _____ Smallest Contract: \$ _____ Average: \$ _____

7. List or attach three construction references (provide list of current and past projects):

Name: _____	Email: _____	Telephone: _____
Project Location: _____	Amount: \$ _____	Yr. Comp: _____

Name: _____	Email: _____	Telephone: _____
Project Location: _____	Amount: \$ _____	Yr. Comp: _____

Name: _____	Email: _____	Telephone: _____
Project Location: _____	Amount: \$ _____	Yr. Comp: _____

BANK REFERENCE

Bank Name: _____

Contact Name: _____ Title: _____

Phone Number: _____ Fax: _____ Email: _____

FINANCIALS

Please submit the following information: Include copy of your most recent financial statement. Incomplete financial statements will delay the qualification process and may result in your rejection as a SCI qualified subcontractor.

1. If you are attempting to qualify for an anticipated subcontract **value up to \$1M**, submit **CPA reviewed** Financial Statements

2. If you are attempting to qualify for an anticipated subcontract **value in excess of \$1M**, submit **CPA audited** Financial Statements

INSURANCE

Insurance Company: _____

Agent Name: _____

Phone Number: _____ Fax: _____ Email: _____

The ACORD Certificate of Liability form (25-S), which is completed to attest to the scope of your insurance coverage only, summarizes the various policies listed as to the limits and coverage's provided. It does not show restrictions, exclusions or limitations of coverage which may cause a material breach under the subcontract agreement. **PLEASE HAVE YOUR INSURANCE REPRESENTATIVE ATTACH A CERTIFICATE OF LIABILITY FORM** indicating exposure for general liability insurance coverage, for any and all operations listing Straub Construction and Owner/Client as additional insured as respects to ongoing and completed operations hazards (CG 20 11 10 85 edition or equivalent) and Waiver of Subrogation naming Straub Construction and Owner/Client. Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG 00 01 10 01). All equivalent forms must be attached as evidence of coverage.



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Company Name:	Date:
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VERIFICATION STATEMENT OF BUSINESS SIZE STATUS

Information provided may be verified against federal, state and local records including California's Contractor License Status Check and Central Contractor Registration to determine accuracy. Verification Statement will be required annually.

Please note that with the exception of HUB Zone, Small Business designations can be self-certified.

(Check all that apply and submit copies of your certificates, if applicable)

- Small Business (SB)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Small Disadvantaged Business/8(a) (SDB)
- Historically Underutilized Business Zone (HUB Zone) – Must be approved through SBA (Submit copy of SBA Approval)
- Alaska Native Corporation (ANC)/ Indian Tribe-Certified by SBA as a SDB: Yes No Large: Yes No
- Ability One (Formerly JWOD) – Must be approved through SBA
- Large Business/Other Than Small Business (LB/OTSB)

I _____, a principal Owner/Operator of _____,

hereby certify under penalty of perjury that said business qualifies for the Small Business designation/certification listed above and meets the size standard requirements for or Industry Group as defined by the Small Business Administration.

Please verify your size standard by accessing the Table of Size Standards located on the Small Business Administration's web site at:

<http://www.sba.gov/content/table-small-business-size-standards>



Prequalification Form

Company Name:			Date:
SAFETY			
Name of Safety Professional:			
Title:			
Phone Number:	Fax:	Email:	
1. Drug Free Work Policy <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have had an OSHA citation, fine, or violation in past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>			
3. Does your company have a written safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do you have and have you implemented the EM 385-1-1 Safety and Health training requirements for your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it documented? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Do you have on-site personnel trained to perform First Aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Does your competent person have the proper certification cards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Do you have regular site safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Do you subcontract work out to others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, do you insure they follow the proper safety requirements?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Does your safety program comply with all state and federal (OSHA) regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Provide Experience Modification Rate (EMR) Below: (Please contact your Workers Compensation Carrier) If your current EMR is greater than 1.0, provide a written explanation including safety methods that are being implemented by your company to deduce this rate.			
Current EMR:	2018 EMR:	2017 EMR:	2016 EMR:
If an EMR rating is over 1.0, please submit a Pre-Construction Safety Checklist. Email plans@straubinc.com to obtain this form.			
Current OSHA DART:	2018 DART:	2017 DART:	2016 DART:
Current OSHA TRC:	2018 TRC:	2017 TRC:	2016 TRC:
<p>To order your free copy of EM 385-1-1 Safety and Health Requirements Manual fax your request to:</p> <p>USACE PUBLICATIONS (301)394-0084</p> <p>Include your name and address and the manual will be mailed directly to you.</p>			

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

Signature: _____ Title: _____

Print Name: _____