

Subcontractor Pre-Qualification Questionnaire

Date: _____

1. Company Information

Name of Business: _____

Street Address: _____

City, State, Zip: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Website: _____

Contact for Bidding: _____ Email: _____

2. Licenses

	Type of License or Number	Number
Federal Employer Identification Number	_____	_____
OR Construction Contractors Board License	_____	_____
WA Construction Contractors Registration	_____	_____
Other: _____		

3a. Legal & Financial

C-Corporation
 S-Corporation
 LLC
 Partnership
 Joint Venture
 LLP
 Sole Proprietor

State of Incorporation: _____ Date Founded: _____

Previous business names and years operated: _____

Name of parent company, if any, and headquarters location: _____

Other businesses owned or controlled by your firm, its officers or principals: _____

Any change in ownership of the firm during the last three years? Yes No

If yes, please explain: _____

Owners, Officers and Principals:

Name	Title	Years with Company	Percent Ownership

Primary services your firm performs: _____

Project Size:	
Rank the size of project your firm is most capable and interested in performing (1 as most preferred, 4 as least preferred).	
Project Size	Rank
>\$100,000	
\$100,00 to \$500,000	
\$500,000 to \$2,000,000	
\$2,000,000 and larger	

1099 Form

Does your company require a 1099 tax form at the end of the year? Yes No

3b. Bankruptcy/Litigation/Claims

Is your firm currently the debtor in any bankruptcy case? If "yes" please attach a copy of the bankruptcy petition showing the case number and the date on which the petition was files.

Yes No

List all bankruptcy actions involving you, your firm or related firms (including predecessors in interest, subsidiaries or parent companies) in the last seven years. Attach separate sheet as necessary.

List any litigation or arbitration action involving your firm or any of its owners, officers or major shareholders as a party in such action in the last three years. For each litigation or arbitration action, list all parties involved, the full case caption including the jurisdiction and venue of the action, the disposition of the action (including whether the action is currently pending) and any judgements awarded to or entered against your firm. Attach separate sheet as necessary.

Has any of the owners, officers or shareholders of your firm ever been indicted or convicted of any felony or criminal conduct? Attach separate sheet as necessary.

Yes No

List any substantial claims (in excess of \$25,000) asserted against or asserted by your firm on any projects completed in the past three years. Attach separate sheet as necessary.

4. Certifications

Business Classification: Please attach any applicable state or local certificates.

- | | |
|--|---|
| <input type="checkbox"/> Large Business Enterprise | <input type="checkbox"/> Women Business Enterprise |
| <input type="checkbox"/> Small Business Enterprise | <input type="checkbox"/> Minority Business Enterprise |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Veteran Business Enterprise |
| <input type="checkbox"/> Other (Specify): | |

5. Labor

5a. Type of Labor:

- | | |
|---|--|
| <input type="checkbox"/> Open Shop | <input type="checkbox"/> Union |
| <input type="checkbox"/> National Union Agreement | <input type="checkbox"/> Local Union Agreement |
| <input type="checkbox"/> Other Labor Type: (Advise Below) | <input type="checkbox"/> Prevailing Wage |

5b. Average Number of Employees for the Last Two Years

Year _____	Office _____	Craft _____
Year _____	Office _____	Craft _____

6. Revenue

Projected revenue for this year and next year? Revenue for the last three years?

20 _____	\$ _____	20 _____	\$ _____
20 _____	\$ _____	20 _____	\$ _____
		20 _____	\$ _____

Largest individual contract completed in each of the last three years?

20 _____	\$ _____	Contracted with / Description _____
20 _____	\$ _____	Contracted with / Description _____
20 _____	\$ _____	Contracted with / Description _____

Are key supervisory personnel on these projects still with your firm? Yes No

7. Work in Progress

Attach list of your CURRENT (work in progress) major contracts. Provide project name, location, owner, general contractor, contract amount, scope of work, start date and scheduled completion date. Include contact names and telephone numbers.

Attach list of your COMPLETED (within last 5 years) major contracts. Provide project name, location, owner, general contractor, contract amount, scope of work, start date and completion date. Include contact names and telephone numbers.

Identify contract and building types your firm has worked with:

- | | | | | |
|---|---------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Correctional | <input type="checkbox"/> Cultural/Museum | <input type="checkbox"/> Destination/Hotel | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Government | <input type="checkbox"/> Healthcare | <input type="checkbox"/> High Tech/Labs | <input type="checkbox"/> Industrial | <input type="checkbox"/> Office |
| <input type="checkbox"/> Parking Facilities | <input type="checkbox"/> Renovation | <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Design Assist | <input type="checkbox"/> Design/Build | <input type="checkbox"/> Guaranties Maximum Price | | |

Describe your firm's design and/or in-house engineering capabilities, if any:

8 References

Banking - Bank Name and Branch _____ Since? _____

City, State, Zip _____

Contact Person _____ Telephone _____

Credit Line Amount \$ _____ Amount Available \$ _____ Expiration Date _____

Bonding - Bonding Company _____ Since? _____

Surety Broker/Agent _____ Since? _____

Contact Person _____ Telephone _____

Bonding Capacity - Per Project \$ _____ Aggregate _____

Last Bond Issued - Date _____ Amount _____ Type _____ Rate _____

Prior Surety Information

Has any other surety company written bonds for your firm in the last five years? If yes, please provide the above information, including dates, for each surety on separate sheet.

Yes

No

Surety Payments

At any time during the past five years, has any surety made payments on your firm's behalf to satisfy any claims made against a performance or payment bond issued on your firm's behalf in connection with a construction project, either public or private? If yes, explain on a separate signed page the date and amount of each such claim, the name and telephone number of the claimant, the grounds for the claim was resolved, the nature of the resolution, and the amount, if any, at which the claim was resolved.

Yes

No

Insurance - General Liability Carrier _____ Since? _____

Insurance Broker/Agent _____ Since? _____

Contact Person _____ Telephone _____

Dun & Bradstreet - D&B Number _____ D&B Rating _____ Date of Rating _____

Suppliers

A. Supplier Name and Location _____

Contact Person _____ Telephone _____

B. Supplier Name and Location _____

Contact Person _____ Telephone _____

C. Supplier Name and Location _____

Contact Person _____ Telephone _____

Contractors

A. Contractor Name and Location _____

Contact Person _____ Telephone _____

B. Contractor Name and Location _____

Contact Person _____ Telephone _____

C. Contractor Name and Location _____

Contact Person _____ Telephone _____

9. Financial Information

Provide a complete copy of your firm's latest Audited or Reviewed year-end Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement, etc.) with Accountant's Report including footnotes.

Prequalification and/or evaluation of your firm can not be completed without this information. Access to your firm's financial information will be restricted to Charter Mechanical personnel directly involved with the prequalification and/or evaluation of your firm.

Please contact our CFO (Pete Lowry) with any questions.

10. Safety

Complete the Subcontractor Safety Evaluation Form.

11. Certificate of Insurance

Attach Certificate of Insurance

12. W-9

Attach copy of W-9.

13. Certification

As an Authorized Representative for _____ I hereby certify that the answers to the foregoing questions, and all documents contained herein, are true and correct. I hereby submit our company details to Charter Mechanical for review and consideration for future work. I acknowledge that submittal of the information requested does not grant automatic pre-qualification for work on any Charter Mechanical project. Also, being qualified for one project does not confer qualification for all projects. I authorize Charter Mechanical to conduct any investigations it determines necessary to verify the statements, documents and information submitted herewith to clarify the financial and technical aspects. For this purpose only, I hereby agree the Charter Mechanical may contact any of the references provided; including banks, insurance brokers, bonding agents, suppliers, or past clients to verify pertinent information provided in the questionnaire regarding our competence and standing.

Signature

Date

(Printed Name)

(Title of Authorized Representative)

14. Required Attachment

- Charter Mechanical Safety Evaluation
- Financial Statements
- Certificate of Insurance
- W-9 Form
- MWESB Certifications
- Signed Non-Disclosure Agreement (*will be provided if required by project*)