



## Section 1. General Information

### 1. Prequal Contact Information

Name	Telephone	Email Address

### 2. Company Structure

Company Name: FEIN: 99-999999  
 Organization: Corporation - S Web Site:

### Company Locations

Location Info: , (HQ)

Address 1: Zip/Postal:  
 Address 2: Phone:  
 City: Plus Four: 1234  
 State: Fax:  
 DUNS:  
 Country: United States of America

### Contacts

Name/Title/Email	Phone/Fax/Mobile

3. Principal Home Office Address (If address given above is a branch office address, provide principal home office address)

4. Corporation Officers (If organization type is Corporation, complete Executive Officers (Names and Addresses))

5. Tellepsen Staff Contact Full Name

## Section 2. Organization & Experience

1. Corporation Date & State (If organization type is Corporation, complete Date and State of Incorporation)

2. As of which date has your company has been doing business under this name.

3. As of which date has your company has been under it's present management?

4. Are you currently or have you ever been involved in a bankruptcy or a reorganization?



5. Are all of your performances performed by your own force?

6. Is your company a defendant or plaintiff in any litigation?

7. Has your company been in any lawsuit in the past 5 years?

8. Backlog / Project History

What is your current backlog?

Date for this backlog?

What is the largest project in your backlog?

What is the largest project your company has completed in the past 3 years?

What is your current work in progress?

Has your company ever failed to complete any awarded work?

9. Annual Work Value

2018	2017	2016
\$ 0	\$ 0	\$ 0

10. List major completed projects in the past 3 years.

Job Name	Owner and General Contractor	Value of Work

Section 3. References

1. Provide 3 General Contractor references.

Name	Contact	Phone Number



2. Provide 3 supplier references.

Name	Contact	Phone Number

## Section 4. Financial Information

1. Assets, Equity, Liabilities - 2018

Current Assets Amount

Current Liabilities Amount

Current Liabilities Date

What is the current equity amount?

Current Equity Date

Total Annual Revenue Amount

For Financial Review we require your 2018 report.

2. Bank Information

Bank Name

Phone Number

Line of Credit Amount

Line of Credit Date

Unused portion of credit line.

3. Broker / Surety

Name

Contact Full Name



Telephone Number

Aggregate Bonding Capacity

Single Bonding Capacity

Upload your bond statement here or a non bond letter confirmation.

4. Insurance Information

Primary Insurance Carrier

Contact Person

Telephone Number

Upload your Insurance Certificate.

Section 5. Subcontractor's Safety Program

1. Safety Personnel Information

Safety Manager's Name	Safety Manager's Phone Number	Safety Manager's Email Address

2. Do you hold safety meetings for your work crew(s)?

3. Does your company Safety Program include any of the following:

- a) A signed safety policy from a Senior Management Official.
- b) Incident Investigation
- c) Job Hazard Analysis
- d) Education and Training
- e) Hazard Communication and GHS
- f) Lead in Construction



g) Respirator Protection

h) Welding and Cutting

i) Fall Protection

j) Asbestos

k) Confined Spaces - Subpart AA

l) Electrical Hazards including Lockout / Tagout

m) Trenching and Excavation

n) Scaffolding

If you have selected No to questions A-N, explain in be

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4. Does your company training include:

a) New Hire Orientation

b) OSHA 10 Hour

c) OSHA 30 Hour for Superintendent and Foreman Level

d) Scaffold User

e) Scaffold Erection

f) Fall Protection

g) Aerial Lifts (Scissor or Boom)

h) Motorized Equipment

i) First Aid/CPR for Superintendent and Foreman Level

j) Ladder

k) Competent person safety training applicable to your business

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5. Does your company have a program for newly hired or promoted foreman?

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6. Does your company have a craft training program

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7. Does your company have a program to validate the competency of an employee to perform assigned tasks?

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8. Is your company affiliated with any Safety Associations?

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9. List your firm's Experience Modification Rate (EMR) for the last three years. This is required. Contact your insurance provider to get this data if you do not have it.

2018	2017	2016

10. Use your OSHA 300 log to fill in the number of injuries and illnesses for the past 3 years. You will use this data to arrive at RIR (question 14).

2018	2017	2016

11. Provide total man hours for the past 3 years. Do not leave this blank or zero out.

2018	2017	2016

12. Provide OSHA recordable incident rate for the past 3 years. Multiply line 12 response by 200K and divide by man hours.

2018	2017	2016

## Section 6. Industry Agreements, Affiliations, Memberships

1. Memberships

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2. Historically Underutilized Business Zone (Indicate whether the Subcontractor's organization is certified as Historically Underutilized Business Zone Small Business Concern)

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3. Minority Business Enterprise (Indicate whether the Subcontractor's organization is certified as Minority Business Enterprise)

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## Section 7. W9, Miscellaneous Documentation

### 1. Other

Upload W9 (if you have not already done so), and any miscellaneous documentation that you feel will assist in this prequal.

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Sample