

Subcontractor Pre-Qualification Worksheet

Subcontractor prequalification is an integral part of our risk management. Please complete this questionnaire to help us better understand your operational capabilities, safety record and liquidity.

Company Information										
Legal Name of Company:										
Street Address					City		State		Zip Code	
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Mailing Address					City		State		Zip Code	
Phone Fax					Website		E-mail Ad	E-mail Address		
1 ax					W costes					
Federal ID #					Contractors License #		I		State	
Year Founded Staff (# of Employees)					Organization: (Corp, Sole Proprietor, Etc.)					
	Office: Field:			~						
Owner Name			Position						Years in Position	
Owner Name				Position					Years in Position	
Owner Praince				1 ostuon						
Primary Contact				Position					LEED Credential	
Phone Fax					E-Mail Address					
Financial Information										
Is your company able to provide Performance and Payment Bonds? Y/N:						Bond Rate %:		Limit \$	imit \$	
Surety					Surety Contac	Surety Contact Su			urety Phone	
					- P - P - A				· N	
Bonding Agency					Bonding Agei	Bonding Agency Contact Bo			g Agency Phone	
Bank			Branch		Bank Contact			Bank P	hone	
Line of Credit		•	Available			Expiratio		ion Date		
						77.		1		
Provide current internal financial statements AND prior two years of your (audited or reviewed) financial statements prepared by an outside accounting firm.										
Current Year projections:										
Current # of projects in progress:					Current Backlog (\$):					
Largest contract in the past 3 years:					Average Cont	Average Contract Size:				
Has your company been a party in any lawsuits or judgments in the past five years? Y/N:										
If Yes Explain:										
Have any of your Principals or Officers ever filed bankruptcy either personally or for a business they were associated with? Y/N:										
If Yes Explain:										

Insurance Information Gramoll Construction Insurance Requirements \$1,000 Deductible Broad Form Property Damage Explosion and collapse hazard Premises-operations \$1,000,000 Bodily injury and per accident \$2,000,000 Each Occurrence Underground \$2,000,000 Aggregate \$500,000 Workers comp coverage (please review the Gramoll Construction contract for specifics to insurance requirements) Does your company meet or exceed Gramoll Constructions insurance requirements as referenced above? Y/N Please provide a sample of your insurance certificate. References & Experience Please provide a list of current and past Contractors, Architects and Trade Partners (5) each that includes the following information: Project Name, Project Value, Contract Value, LEED Rating, GC/ Owners name, Contact, Phone number. What market sectors have you completed projects in? What scope of work are you interested in performing? Safety Current Mod rate: Last Years Mod Rate: Do you have a written safety plan? Y/N In the last 5 years has your company been sited by OSHA for a "serious" or "willful" violation? Y/N If Yes Explain: Performance Has an owner or general contractor terminated your contract for cause in the last 5 years? Y/N If Yes Explain: Has your company failed to complete any construction contracts in the last 5 years? Y/N If Yes Explain: Has an owner or general contractor in any way supplemented your work force or back charged you for materials procured in your behalf? Y/N If Yes Explain: Agreements Gramoll Construction has a standard subcontract agreement and a standard professional services agreement which are required to be used on all projects. By bidding projects and submitting proposals with Gramoll Construction we hereby agree to execute the applicable standard agreement and comply with its terms and conditions, including possibly being required to sign a personal guaranty and/or provide payment and performance bonds. All contract negotiations should be done prior to bidding/proposing on a project. Completed by: E-Mail Address: Title: Signature: Check List of Required Documents Completed Pre-Qualification worksheet Copy of all licenses Copy of internal financial records Copy of audited financial records (2 Years) Sample of your insurance certificate References **Gramoll Use Only** Risk Management Team Initials Date reviewed: JUN12 Approved? Y/N: Contract Limits: 2 of 2