**Subcontractor Prequalification Form**

**Prospective subcontractors interested in working on our projects are required to complete this form. The contents of this form will be used solely to determine your firm's qualifications and will not be disclosed to others. PLEASE COMPLETE THIS FORM ON A COMPUTER, IF YOU DID NOT RECEIVE AN ELECTRONIC COPY, GO TO** [**WWW.TRUELINEBUILDERS.COM**](WWW.TRUELINEBUILDERS.COM%20) **TO DOWNLOAD UNDER SUBCONTRACTORS TAB.**

**I. GENERAL INFORMATION**

A. Federal Tax ID: \_\_\_\_\_\_

B. Name of your business: \_\_\_\_\_\_

Address (City, ST, ZIP): \_\_\_\_\_\_ Mailing (City, ST, ZIP): \_\_\_\_\_\_

C. Contact name and title: \_\_\_\_\_\_

D. Telephone number: \_\_\_\_\_\_ Email: \_\_\_\_\_\_ Cell: \_\_\_\_\_\_

E. Trade description(s): \_\_\_\_\_\_

**II. ORGANIZATION**

1. Business type: CORPORATION PARTNERSHIP SUBCHAPTOR- S CORPORATION LIMITED LIABILITY COMPANY SOLE PROPRIETOR  OTHER (SPECIFY): \_\_\_\_\_\_
2. Years in Business: \_\_\_\_\_\_ State of Formation: \_\_\_\_\_\_
3. Is your firm owned or controlled by a parent company or any other organization? No Yes

If yes, please provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Legal Name** | **Location** | **Percent Ownership** | **Indemnity Available?** | **Endorsed for Obligation?** |
|  |  |  |  |  |
|  |  |  |  |  |

**III. LICENSING INFORMATION AND FEDERAL OR STATE DISBARRMENT**

A. Please list all trade and professional licenses, if any, required for you to perform your services. (Attach separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Expiration** | **Name on License** | **State** | **License Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

B. Has any license ever been denied, revoked or suspended? No Yes

If yes, please describe: \_\_\_\_\_

C. Has a complaint ever been filed with a Contractor’s State License Board against your firm? No Yes

If yes, please explain: \_\_\_\_\_

D. Is your firm currently barred from any Federal or State work? No Yes

If yes, please explain: \_\_\_\_\_

E. Is your firm registered with the Department of Industrial Relations to work on Public Works Projects? No Yes

F. Has your firm processed certified payroll for its employees in the last year? No Yes

**IV. WORK EXPERIENCE and OPERATIONS**

A. Please furnish the following information for the 3 largest projects on which your firm **is currently working:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Project #1** | **Project #2** | **Project #3** |
| Project Name | ­­­­­ |  |  |
| Contract Price |  |  |  |
| Location |  |  |  |
| Owner |  |  |  |
| % Complete |  |  |  |
| Scheduled Completion |  |  |  |
| General Contractor |  |  |  |
| Name for GC Reference  Title  Email  Phone Number |  |  |  |

**V. REFERENCES**

List five current major suppliers or lower tiered subcontractors (NOTE: Reference Name and Phone number should be for the person that can provide payment history):

|  |  |  |
| --- | --- | --- |
| **Company Name** | **Name of Person to Contact for Reference** | **Email** |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| 4) |  |  |
| 5) |  |  |

**VI. SAFETY AND HEALTH**

**Please attach the following to this form:**

1. Your OSHA 300A Form for the past three years.

3 year average Recordable Incident Rate \_\_\_\_\_\_ 3 year average Lost Time Incident Rate \_\_\_\_\_\_

A. Number of OSHA citations in the past 3 years. \_\_\_\_\_\_

B. Number of EPA citations in the past 3 years. \_\_\_\_\_\_

C. Do you have a drug free workplace policy? No Yes

**VII. ADDITIONAL INFORMATION**

Please attach any additional information you feel will help us determine your firm’s qualifications and expertise, including Accredited Quality Contractor Certifications, ISO Certification, etc.

I hereby certify that the above information is accurate, correct and true, and hereby grant permission for True Line Builders, Inc. to contact references.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

PRIOR TO RETURNING THIS FORM, ATTACH THE FOLLOWING: (IF SENDING BY EMAIL, PLEASE PRINT, SIGN, AND SCAN WITH ALL REQUIRED ATTACHMENTS IN THE SAME FILE.)

Included

W-9

Certificate of Insurance with the following coverage requirements:

Per Project Aggregate

* General Aggregate: $2,000,000
* Prod/Comp Ops Aggregate: $2,000,000
* Each Occurrence: $1,000,000
* Personal/Adv Injury: $1,000,000
* Fire Legal Liability: $300,000
* Medical Payments: $5,000