

**SUBCONTRACTOR/VENDOR
PREQUALIFICATION FORM**

PLEASE COMPLETE ALL SECTIONS AS APPLICABLE. ATTACH ANY ADDITIONAL INFORMATION YOU DEEM MAY BE HELPFUL TO ESTABLISH YOUR COMPANY'S QUALIFICATIONS AND CAPABILITIES.

COMPANY INFORMATION

Legal Name: _____

Trade Name: _____

EIN/FEIN: _____

Years in business: _____

Address: _____

Phone: _____

City: _____

Fax: _____

State: _____

Union Non-Union

Zip Code: _____

Website: _____

List of corporate officers, partners or proprietors:

Attach a separate sheet if necessary.

Name

Title

GENERAL INFORMATION

What trades are normally undertaken by your firm? _____

Company's Contractor's license information (Please provide copy of licenses)

Issuing State	Class	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your company currently in good standing with the State License Board? Yes No

EXPERIENCE & FINANCIAL

List last three (3) projects completed:

Project Name	City, State	Start/Completion Date	Contract Amount (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the following information for the last three (3) fiscal years:

Year	Gross Revenue (\$)	Net Profit/Loss (\$)	# of Proj. Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your company owned or controlled by a parent company? Yes No

If yes, provide parent company name: _____

Are there any affiliated subsidiaries? Yes No

If yes, provide subsidiary name(s): _____

Are there any previous company name(s)? Yes No

If yes, provide company name(s): _____

Has your company ever filed Bankruptcy? Yes No

BANKING

Bank Name: _____ Contact: _____

Address: _____

Phone: _____ Email: _____

INSURANCE

Agency Name: _____ Contact: _____

Address: _____

Phone: _____ Email: _____

CERTIFICATE OF INSURANCE WILL BE REQUIRED IF CONTRACT IS AWARDED

SAFETY

OSHA RECORD

Has your company had any OSHA citations, fines or jobsite fatalities within the last recent three (3) years? Yes No

If yes, please attach a detailed description of the incident. Include – location, date, type of incident, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent recurrence.

WORKERS' COMPENSATION

Please list your company's workers' compensation Experience Modification Rate (EMR) for the last three (3) years and attach written documentation from your insurance carrier confirming these rates.

Year: _____	Rate: _____
Year: _____	Rate: _____
Year: _____	Rate: _____

OSHA 300 LOG INFORMATION

Year	_____	_____	_____
Number of Total Recordable Injury Cases	_____	_____	_____
Total Number of Cases with Days Away from Work	_____	_____	_____
Total Number of Cases with Job Transfer or Restriction	_____	_____	_____
Number of Days Away from Work	_____	_____	_____
Total Number of Days of Job Transfer or Restrictions	_____	_____	_____
Number of Fatalities	_____	_____	_____
Total Employee Hours Worked	_____	_____	_____

OTHER SAFETY INFORMATION

Does your company have a written safety and health program/manual? Yes No

Do your company conduct field safety inspections to determine compliance with applicable federal, state, local and company regulations/procedures? Yes No

Are inspection reports generated? Yes No

Does your company have a Substance Abuse Policy? Yes No

Does your policy include pre-employment, random, post-incident and reasonable suspicion testing? Yes No

LEGAL INFORMATION

If you answer yes to any of the questions below, please attach a complete explanation.

Are there any judgements, claims, arbitration procedures or suits pending/outstanding against your company, its officers, or principals? Yes No

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years? Yes No

Has your company or any organization with which its officers, or principals were involved during the last three (3) years ever been in bankruptcy or a voluntary reorganization? Yes No

Has your company ever been assessed liquidated damages? Yes No

Has your company ever had any labor law violations? Yes No

Has your company ever defaulted or failed to complete a contract? Yes No

Has your company ever been terminated from a contract? Yes No

Has your company ever had its license revoked or suspended? Yes No

TRADE REFERENCES

List three (3) references:

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Email: _____

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Email: _____

Company Name: _____ Contact: _____

Address: _____

Phone: _____ Email: _____

PERFORMANCE REFERENCES

Please provide three (3) references below. Each reference should be from a different customer. These references should be for work completed in the last five (5) years and should be representative of the work you are trying to prequalify for now.

One must be for your largest project within the last two (2) years.

NOTE: The contact provided must have direct knowledge of your performance on that project. Leaving out any requested information including email address will delay processing of your form.

Project Name: _____ City, State: _____

Description: _____

Customer: _____ Value (\$): _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

Project Name: _____ City, State: _____

Description: _____

Customer: _____ Value (\$): _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

Project Name: _____ City, State: _____

Description: _____

Customer: _____ Value (\$): _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

SIGNATURE

By signing this form, I certify that the information provided therein is accurate, correct and true. By submitting a valid bid, the subcontractor or vendor authorizes EPOCH Construction & Design (EPOCH) to obtain a written or oral report on the subcontractor’s or vendor’s business entity from any credit-reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding/insurance company with whom the subcontractor or vendor has current or inactive experience to give any and all necessary information to EPOCH, which will assist EPOCH in the subcontractor/vendor evaluation. The subcontractor or vendor further authorizes EPOCH to reinvestigate the status from time-to-time, as EPOCH deems necessary.

Print Name

Title

Signature

Date

Phone

Email

Please submit completed form via email to info@epochinv.com.

Upon review and approval a member of our team will reach out to you and provide you with a password. With this password, you will be able to gain access to the Construction Documents/Plans for our current and proposed projects directly from our website. www.epochinv.com

Upon review and approval you will also be provided specific instructions on the bidding process and requirements.

Thank you and we look forward to working with you on our next project.

Hemel Surati
hurs@epochinv.com / 615.481.0888