



SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

SUBCONTRACTOR IDENTITY

Date Submitted _____

Company Name _____

Complete Address _____

Phone Number _____ Fax Number _____

Contact Name _____ Email Address _____

Federal Tax ID # _____ NAICS Code _____

DUNS # _____ States Registered to do Business _____

Include a copy of a completed W-9 form.

Type of Company:

___ Corporation ___ Partnership ___ Sole Proprietorship ___ Joint Venture ___ LLC ___ DBA ___ Individual

List Company Officers:

Chairman _____ President(s) _____

Vice President(s) _____ Secretary _____

Treasurer _____

Date Company formed _____ Number of Employees: Salaried _____ Hourly _____

Contract Value Summary:

Applicable Year	Backlog (at year end for prior years)	Value of Contracts in Progress (at year end for prior years)	Total Revenue
Current Year	\$ _____	\$ _____	\$ _____
Prior Year #1	\$ _____	\$ _____	\$ _____
Prior Year #2	\$ _____	\$ _____	\$ _____
Prior Year #3	\$ _____	\$ _____	\$ _____

Average contract value last three (3) years \$ _____

Largest single contract completed in last three (3) years: \$ _____

Size of projects preferred \$ _____ Project location preferred _____

Does company have offices, plants or warehouses at other locations? Yes No

If yes, list addresses. _____

List trade(s) of work performed by company: _____

UNION AFFILIATION

Is company directly or indirectly signatory to any union labor agreements: Yes No

If yes, list union affiliations _____

SUBCONTRACTOR PRE-QUALIFICATION APPLICATION (continued)

If yes, does company have a bond in place securing your payment of wages and fund contributions as required by your labor union agreement: Yes No

BONDING CAPABILITY

Is company able to bond projects? Yes No Bonding Rate _____%

Single project limit: \$ _____ Aggregate limit: \$ _____

Value of current bonded contracts: \$ _____

Bonding Company/Address _____

Agent Name/Phone # _____

A.M. Best Financial Strength Rating of Surety: _____

If company is able to bond, provide a letter from company's surety affirming surety's commitment to the single project and aggregate limits inserted above.

INSURANCE INFORMATION

Workers' Compensation Experience Modifier:

Current Experience Modifier (EMR): _____% Effective Date: _____ (month and year)

You are required to verify company current workers' compensation experience modifier. If company experience modifier is .90 or higher, please provide a copy of additional information for up to the past four years.

Referenced included sample certificate of insurance for Fortis' minimum insurance requirements.

Does company insurance coverage comply with the minimum requirements outlined in the included sample certificate of insurance? Yes No

Submit, along with completed prequalification application, a sample certificate of insurance that is representative of company's current insurance coverage including general, automobile, excess, worker's compensation and employer liabilities.

BANKING

Bank Name: _____ Number of Years with this Bank: _____

Bank Address: _____

Contact Name: _____ Contact Phone Number: _____

Does company have a line of credit from any lending institution? Yes No

If yes what is amount of line of credit? \$ _____

Amount of available line of credit as of this date? \$ _____

Contact information of lending institution if different from bank listed above. _____

SUBCONTRACTOR PRE-QUALIFICATION APPLICATION (continued)

MBE/WBE/SBE/DBE/DVBE Check all that apply.

<input type="checkbox"/> Small Business	<input type="checkbox"/> Veteran Owned Business
<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Service Disabled Veteran Owned Business
<input type="checkbox"/> Woman Owned Business	<input type="checkbox"/> HUB Zone Business
<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Large

Certifying Agency(s) _____

COMPLETED PROJECTS List four (4) representative projects completed in the last five (5) years.

Project Name	Contracting Company	Contact Name / Phone	Contract Amount	Completion Date

CURRENT PROJECTS List four (4) representative projects currently under construction. If necessary, include attachments listing completed projects, current projects, trade and client references.

Project Name	Contracting Company	Contact Name / Phone	Contract Amount	% Complete

TRADE REFERENCES List three (3) of your subcontractors or suppliers.

Company Name	Address	Contact Name / Phone

CLIENT REFERENCES List three (3) clients.

Company Name	Address	Contact Name / Phone

SUBCONTRACTOR PRE-QUALIFICATION APPLICATION (continued)

COMPANY'S COMMITMENT TO MITIGATING THE ENVIRONMENTAL IMPACTS OF CONSTRUCTION

Does the company,

- have an environmental mission statement and/or policy? If so, please provide a copy. Yes No
- have a waste reduction and recycling program? If so, please provide a copy. Yes No
- educate employees and vendors about this program? Yes No
- participate in the salvage and/or reuse of waste materials? Yes No
If so, please attach information on types, quantities, and destination(s).
- utilize recycled content construction materials? Yes No
If yes, please attach information on types and quantities.

SAFETY INFORMATION

Please fill out Safety Pre-Qualification Form and attach to this submittal.

OTHER INFORMATION In the past five (5) years, has company,

- operated under any other name? Yes No
- had any liens filed against it by any of its subcontractors, suppliers or taxing authority? Yes No
- had any judgments, claims, arbitration proceedings or suits against it or its officers? Yes No
- filed any lawsuits or request arbitration with regard to a construction contract? Yes No
- ever failed to complete a contract, been defaulted, or had a contract terminated? Yes No
- had liquidated damages assessed against it upon completion of a project? Yes No
- or any of its key people been a party to a bankruptcy or reorganization proceeding? Yes No
- or any of its key people been investigated for or found to have committed a violation of any labor laws? Yes No
- or any of its key people been investigated for or found to have committed a violation of state, federal, or local laws? Yes No
- had active or inactive exclusions associated with it or any key personnel as determined by the Federal Government Systems for Award Management (S.A.M.) Yes No

Give details for any yes answer. (Use separate sheet if need.) _____

SUBCONTRACTOR PRE-QUALIFICATION APPLICATION (continued)

I hereby certify that the information herein is true and sufficiently complete so as not to be misleading:

Signature _____

Please include: ___ Audited financial statements

Print Name _____

___ Key personnel resumes

Title _____

___ Insurance certificate

Date _____

___ Copy of all contractor's licenses

Contractor's License No. _____

___ W-9 form

___ Surety letter

___ Safety Pre-Qualification Form

Submit to: Submit completed prequalification applications, certificates of insurance, resumes of key personnel, surety letter, W-9, and licenses *by email to: LWebb@Fortisnetworks.com*

Financial Statements: Please provide the last 3 years of audited financials that include balance sheets, statements of income and cash flows as well as the associated notes to the financial statements. Fortis agrees that all confidential information supplied by applicant will be accepted and maintained in confidence.

SUBMISSION OF REQUESTED FINANCIAL INFORMATION IS A REQUIREMENT TO BECOMING A PREQUALIFIED SUBCONTRACTOR.