



P.O. Box 743636 Dallas, TX 75374-3636

SUBCONTRACTOR PRE-QUALIFICATION FORM

COMPANY INFORMATION

Company Name: _____

Legal Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Fax: _____

Website: _____

Business Enterprise Type: MBE WBE DBE

Certification Agency: _____

Firm's Legal Structure: Sole Proprietor Partnership Corporation LLC

Tax ID: _____ State of Incorporation: _____ Year: _____

Under what other names has your company operated: _____

List Names, Titles, and Time in Position of Officers, Principals, and Key Employees

NAME	TITLE	TIME IN POSITION

CONTACTS

Primary Contact _____ Title: _____

Direct Phone _____ Mobile Phone: _____

E-Mail: _____

Estimating Contact _____ Title: _____

Direct Phone _____ Mobile Phone: _____

E-Mail: _____

PROFILE INFORMATION

Description of work your company performs: _____

Trades normally performed with your own personnel: _____

Percentage of work self performed: _____ %

States where your company is licensed: _____

Labor Affiliation: Union Non-Union Number of employees: Salaried _____ Hourly _____

Types of projects your company prefers:

Healthcare Institutional Industrial Commercial Residential Multi-Family

Average Subcontract or Purchase Order your company typically performs:

Less than \$100,000 \$100,000 - \$500,000 \$500,000 - \$1,500,000 Over \$1,500,000

Largest contract completed: _____ When: _____ Bonded: Yes No

Years your company has been in operation under current management: _____

Has the organization, an officer, or principal ever defaulted on or been declared in default of a contract? If Yes, explain: Yes No _____

Has your organization ever failed to complete any work awarded to it? If Yes, explain: Yes No _____

Are there any judgments, claims, arbitration proceedings or suits threatened, pending, or outstanding against your organization or officers? If Yes, explain: Yes No _____

Has your organization been a party to any lawsuits, mediation, or arbitration proceedings related to construction projects within the last five years? If Yes, explain: Yes No _____

Has your company ever had a claim made against it for improper, delayed, defective, or noncompliant work or failure to meet warranty requirements? If Yes, explain: Yes No _____

Has your organization or any officer or principal – past or present – ever filed bankruptcy? If Yes, explain: Yes No _____

FINANCIAL INFORMATION

Annual Revenue each year for the past 3 years \$ _____ \$ _____ \$ _____

Total amount of uncompleted work (backlog) as of this date: \$ _____

Do you provide data to Dun & Bradstreet? Yes No DUNS# _____

BONDING

Date, amount and type of last bond issued: _____

Name of Surety Company: _____

Surety Contact: _____ Phone: _____

Bonding Agent: _____ Phone: _____

Bonding capacity for single job \$ _____ Aggregate \$ _____

Amount of work currently bonded \$ _____ Not Bonded \$ _____

INSURANCE

Limits:

General Liability: _____ per occurrence _____ aggregate

Excess Liability: _____ per occurrence _____ aggregate

Auto Liability: _____ per occurrence _____ aggregate

Workers' Compensation (Statutory) Yes No

Insurance Company _____

Agent Name / Phone # _____

ATTACH YOUR ACORD FORM CERTIFICATE OF INSURANCE

REFERENCES

List three General Contractors your company currently works with:

Contractor Name	Contact	Phone #	City	Size of Contract	Total Amount Under Contract
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List five vendors currently extending credit to your company:

Vendor Name	Contact	Phone #	Fax #	Account #
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SAFETY INFORMATION

Do you have a written company safety policy and program? Yes No

Does your firm have a full time, on staff, Safety Director? Yes No

Does your firm hold site safety meetings? Yes No Frequency: _____

Has your company been cited for a "Serious and/or Willful" OSHA violation in the past 3 years? If Yes, explain:

Yes No _____

Have you had any OSHA fines within the last three years? If Yes, explain: Yes No _____

Have you had any jobsite fatalities within the last three years? If Yes, explain: Yes No _____

Provide the following rates for your company for the past three years (including current year):

Year	EMR	OSHA Recordable Incident Rate	OSHA Lost Workday Incident Rate	# of OSHA Citations
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORK EXPERIENCE

Please attach a list of major projects your firm currently has in progress showing the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete, scheduled completion date, and contact person at general contractor with phone number.

Please attach a list of the major projects your firm has completed in the last three years showing the project name, location, owner, architect/engineer, general contractor, contract amount, completion date, and contact person at general contractor with phone number.

CERTIFICATION AND RELEASE AUTHORIZATION

We certify that all information in this questionnaire and the attachments is true and correct. We hereby authorize SKILES GROUP, INC. and its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein.

Submitted by:

Name: _____ Title: _____

Date: _____

CONFIDENTIALITY

All information provided will be considered privileged and confidential, and the use of such information shall be limited for the purpose of qualifying your company as a Subcontractor for SKILES GROUP, INC.