Jennings
Builders/Construction Managers

SUBCONTRACTOR / VENDOR PREQUALIFICATION STATEMENT 1 of 6

COMPANY NAME _____ DATE OF RESPONSE _____

YOUR FIRM☒S TYPE OF WORK _____

STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ FAX NUMBER _____

CORPORATE OFFICERS & MAIN CONTACTS	TITLE	PHONE#	CELL#	FAX#

EMPLOYMENT INFORMATION

	HOME OFFICE	FIELD SUPERVISORY	TRADES PEOPLE	TOTAL
CURRENT				
3 YEAR AVG.				

TRADE / LABOR INFORMATION *

UNION INFORMATION					
LOCAL #	UNION NAME	PHONE	UNION CONTACT	UNION BOND VALUE	AGREEMENT EXPIRATION

* If Non-Union, Check Here ☐

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SUBCONTRACTOR / VENDOR PREQUALIFICATION STATEMENT 2 of 6

SAFETY INFORMATION

CURRENT EMR RATES		
STATE	YEAR	RATE
	2012	
	2011	
	2010	

OSHA 30 CERTIFIED PERSONNEL		
NAME	PHONE	EMAIL

OSHA 200/300 INFORMATION								
REPORTING YEAR	# OF FATALITIES	DESCRIPTION	# OF LOST & RESTRICTED WORKDAY CASES	EMPLOYEE HOURS WORKED	# OF OSHA VIOLATIONS COMPANY HAD THIS YEAR	IF VIOLATIONS PROVIDE DESCRIPTION	RECORDABLE INCIDENCE RATE	LOST WORKDAY INCIDENCE RATE

SAFETY QUESTIONNAIRE			
QUESTION	YES	NO	COMMENTS
Does your company have a qualified personsolely responsible for safety? If yes, attach resume or description of qualifications.			
Does this person perform safety inspections on all of your projects? How often?			
Does your company have a written Company Safety Policy and Program? Will you provide copies if requested?			
Does your company have a drug testing policy? If so, check which are included: Pre Employment ☐ Random ☐ Cause ☐ Periodic ☐ Post Accident/Incident ☐			
Will your company comply with our return to work program (where applicable)?			
Does your company require 100% fall protection from a height greater than 6ft?			
If requested, will you provide a site specific fall protection plan addressing the specific hazards related to your work at any site?			
Does your company require documented safety meetings for the employees? If so, check which apply and state how often: General Labor ☐ Field Supervisors ☐ New Hires ☐ Subcontractors/Vendors ☐			

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GENERAL FINANCIAL INFORMATION

STATE SALES TAX INFO | STATE | SALES TAX NUMBER

STATE UNEMPLOYMENT | STATE | STATE UNEMPLOYMENT IDENTIFIER (SUI) NUMBER

FEDERAL EMPLOYMENT INDENTIFIER NUMBER

LARGEST CONTRACT COMPLETED IN THE PAST THREE YEARS

AMOUNT | YEAR

PROJECT NAME

SCOPE

ANNUAL VOLUME OF WORK PERFORMED IN THE PAST FIVE YEARS

YEAR | AVERAGE VOLUME $

YEAR | AVERGAE VOLUME $

YEAR | AVERAGE VOLUME $

YEAR | AVERGAE VOLUME $

YEAR | AVERAGE VOLUME $

PERCENTAGE OF WORK USUALLY SUBCONTRACTED | %

ALL BUILDING TYPES YOUR COMPANY HAS WORKED ON:

- COMMERCIAL ☐
- HEALTHCARE ☐
- DESIGN/BUILD DESIGN ASSIST ☐
- INTERIOR FIT-OUT ☐
- EDUCATIONAL/INSTITUTIONAL/CULTURAL ☐

BANKING INFORMATION

BANK NAME

LINE OF CREDIT | AVAILABLE | EXPIRES

CITY | STATE | ZIP | COUNTRY

CONTACT NAME | PHONE | FAX

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SUBCONTRACTOR / VENDOR PREQUALIFICATION STATEMENT 4 of 6

INSURANCE INFORMATION

* Feel free to attach a sample insurance certificate, identifying limits of coverage, rather than filling in the limits outlined in this section. You must still provide the Broker's contact information and workers comp risk ID number.

INSURANCE BROKER CONTACT INFORMATION

COMPANY NAME

CITY STATE

CONTACT NAME PHONE FAX

MOBILE EMAIL

COMMERCIAL GENERAL LIABILITY INFORMATION

INSURANCE CARRIER

	CURRENT
GENERAL AGGREGATE	$
PRODUCTS-COMPLETED OPS AGGREGATE	$
PERSONAL/ADV. INJURY	$
PER OCCURENCE	$
FIRE DAMAGE (ANY ONE FIRE)	$
MEDICAL EXPENSES (ANY ONE PERSON)	$
DEDUCTIBLE AMOUNT	$

EXCESS LIABILITY INFORMATION

EXCESS LIABILITY INSURANCE CARRIER

TOTAL LIMIT $

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY INFORMATION

INSURANCE CARRIER WORKER'S COMP RISK ID#

LIMITS $

EMPLOYER'S LIABILITY EACH ACCIDENT $

EMPLOYER'S LIABILITY DISEASE-POLICY LIMIT $

EMPLOYER'S LIABILITY DISEASE EACH EMPLOYEE $

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SUBCONTRACTOR / VENDOR PREQUALIFICATION STATEMENT 5 of 6

INSURANCE INFORMATION (CONTINUED)

AUTOMOBILE LIABILITY INFORMATION

AUTO INSURANCE CARRIER

	CURRENT
COMBINED SINGLE LIMIT	$
BODILY INJURY (PER PERSON)	$
BODILY INJURY (PER ACCIDENT)	$
PROPERTY DAMAGE	$

PROFESSIONAL LIABILITY INSURANCE INFORMATION

INSURANCE CARRIER

OFFICE POLICY LIMIT $ DEDUCTIBLE $

EXTENDED REPORTING PERIOD (TAIL) YEARS

PRIOR ACTS YES ☐ NO ☐

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SUBCONTRACTOR / VENDOR PREQUALIFICATION STATEMENT 6 of 6

REPRESENTITIVE PROJECTS

PLEASE PROVIDE THE FOLLOWING INFORMATION

A complete list of current projects stating name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion. (include contacts and numbers) *List (3)*

NO. 1

PROJECT NAME:

OWNER/GENERAL CONTRACTOR: CONTACT:

LOCATION:

SCOPE OF WORK: CONTRACT AMT:

NO. 2

PROJECT NAME:

OWNER/GENERAL CONTRACTOR: CONTACT:

LOCATION:

SCOPE OF WORK: CONTRACT AMT:

NO. 3

PROJECT NAME:

OWNER/GENERAL CONTRACTOR: CONTACT:

LOCATION:

SCOPE OF WORK: CONTRACT AMT:

Date: / /

Co. Name:

Completed By:

Return by mail or fax (fax# 212-490-0751)

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