

SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for A.P. Construction. Return completed form to:

A.P. Construction Company, 707 Summer Street, Stamford, CT 06901, Attention: Subcontractor Prequalification

PLEASE NOTE: This form must be filled out completely. Missing information may result in disqualification of consideration.

Application Date: _____

Date of Prequal Expiration: _____

Background

Company Name		Type of Company	Type of Work Performed	
Street Address			Phone Number	Fax Number
City/State/Zip	Principal Contact		Email Address	
Year Business was Established	States We Do Work In	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union		Previous Name of Company (if applicable)
Contractor's License #	D&B #	Qualified Minority Business? <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE		

Safety

List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows:	Last Year	1st Prior Year	2 nd Prior Year
Experience Modification Rate (EMR).			
Total # of Fatalities. (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents. (Total of Columns H, I, and J on the OSHA 300 Log)			
Total # of Lost Work Day Incidents. (Column H on the OSHA 300 Log)			
Total # of other recordable cases. (Column J on the OSHA 300 Log)			
Total # of Annual Man-Hours Worked.			

Please check if your Company implements the following safety controls:	Yes	No
Has a Written Safety Program.		
Has an Implemented Drug Screening Policy for all Employees.		
Performs Safety Orientation & Training for all Employees.		
Performs Continuing Safety Education for all Employees.		

Safety/Health Professional Contact:			
Name	Title	Phone Number	Email Address

Schedule

Provide summary of three largest projects presently under construction.	Location	Start/Completion	Contract Amount

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Provide summary of all projects under consideration for award.	Location	Start/Completion	Contract Amount

Provide the following information regarding your present personnel:				
Current Number of Employees	Full-Time	Part-Time	Contract	Temp
Executives				
Project Managers				
Estimators				
Administrative				
Superintendents				
Foreman				
Journeyman				
Laborers				
Other				
Totals				

Financial History

Please provide the following information for the past three fiscal years:					
	Gross Revenue (\$)	Gross Margin (%)	Net Profit/Loss (\$)	# of Projects Completed	Largest Single Project (\$)
2nd Prior Year					
1st Prior Year					
Last Year					

What is your backlog as of today: \$ _____ As of December 31st Last Year: \$ _____

Please attach your firm's current financial statements (Your financial statements must be audited by a 3rd party if the proposed contract value is greater than \$500,000). In lieu of providing financial statements, A.P. Construction will accept a Letter of Bondability from your Surety company (NOT your surety agent) on its letterhead. The letter should include your single job and aggregate parameters.

Please provide answers to the following questions and attach explanations where necessary:	Yes	No
Are there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?		
Has your firm ever filed bankruptcy?		
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?		
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.		
Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including any unsettled litigation or arbitration.		

Insurance & Bonding

Please read Exhibit E in its entirety.		
Does your company currently maintain insurance that meets A.P. Construction's requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Please provide the following bonding information:					
Can you provide a Performance Bond?	Bond Rating	Bonding Capacity	Single Project	Aggregate	Bond Cost (% or \$/1000)
Name of Bonding Company			Contact	Phone Number	
Last Type of Bond Issued			Date	Amount (\$)	

References (The below references may be contacted by A.P. Construction for verification purposes.)

Provide three client references.		
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number

Provide financial references.		
Name of Bank	Contact	Phone Number
Name of Bank	Contact	Phone Number

Provide three supplier references.		
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number

I hereby certify that the information submitted herein, including any attachments is true and sufficiently complete so as not to be misleading.

Completed by: _____ (Print or Type) _____ (Signature)

Title: _____ Date Completed: _____

A.P. Construction will use this documentation to pre-qualify contractors. Therefore, if you intend to continue to service our facilities, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work.

For Office Use Only

Financial Review: _____ Date: _____

Safety/Insurance Review: _____ Date: _____

SQF Complete?: Yes No