



Sub-Contractor/Supplier Pre-Qualification Questionnaire

**Please submit form by Fax or E-Mail to: Joanne Gallant
Fax: 812.235.8122 E-Mail: jgallant@thompsonthrift.com*

DATE COMPLETED: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

E-MAIL: _____

WEB SITE: _____

1. ORGANIZATION

1.1 How many years has your organization been in business as a Contractor?
_____ Years

Date of Organization/Incorporation: _____

1.2 How many years has your organization been in business under its present business name?
_____ Years

1.3 Has your organization operated under any other name(s)? (If yes, please explain)
YES _____ NO

1.4 How are you organized?
Corporation Partnership Sole Proprietorship
Other (explain): _____

1.5 If Corporation, State incorporated in: _____



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1.6 List Officers/Partners/Owners

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

2. LICENSES

2.1 List licenses and registrations held by your organization:

Type of License: _____ Type of License: _____

State: _____ State: _____

Number: _____ Number: _____

Type of License: _____ Type of License: _____

State: _____ State: _____

Number: _____ Number: _____

3. EXPERIENCE

3.1 List the categories of work that your organization normally performs with its own forces.

3.2 Do you employ union trade labor? YES NO

3.3 Claims and Suits

(If the answer to any of the questions below is yes, please attach details.)

3.3.1 Has your organization ever failed to complete any work awarded to it?

YES NO



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3.3.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

YES NO

3.3.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

YES NO

3.4 Within the last five years, has any Officer or Principal of your organization ever been an Officer or Principal of another organization when it failed to complete a construction contract?

YES NO

(If the answer is yes, **please attach details.**)

3.5 On a separate sheet, please list major construction projects your organization has contracted during the past 5 years, giving the name of project, Owner, Architect, contract amount, date of completion (or percent complete and scheduled completion date for work in progress) and percentage of the cost of the work performed with your own forces.

3.5.1 Total value of work in progress: _____ Dollars

3.5.2 Total value of work under contract: _____ Dollars

3.5.3 Average annual amount of construction work performed during the past five years: _____ Dollars per Year

3.6 List key individuals of your organization:

NAME: _____ NAME: _____

TITLE: _____ TITLE: _____

YRS. EXP.: _____ YRS. EXP.: _____

NAME: _____ NAME: _____

TITLE: _____ TITLE: _____

YRS. EXP.: _____ YRS. EXP.: _____



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NAME: _____ NAME: _____

TITLE: _____ TITLE: _____

YRS. EXP.: _____ YRS. EXP.: _____

4. REFERENCES

4.1 Trade References (3):

#1 Name: _____

Address: _____

Contact Person: _____

Phone: _____

Fax: _____

E-Mail: _____

#2 Name: _____

Address: _____

Contact Person: _____

Phone: _____

Fax: _____

E-Mail: _____

#3 Name: _____

Address: _____

Contact Person: _____

Phone: _____

Fax: _____

E-Mail: _____



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4.2 Bank Reference:

Name: _____

Address: _____

Contact Person: _____

Phone: _____

Fax: _____

E-Mail: _____

4.3 Surety:

Name of Surety: _____

Name of Agent: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

5. FINANCIAL

5.1 Do you provide data to Dun & Bradstreet? YES NO
DUNS #: _____

5.2 If you do not provide data to D&B, please attach a Financial Statement, preferably audited, including your organization's latest balance sheet and income statement.

5.3 Is the attached financial statement for the identical organization named on page one? If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsiary). YES NO

5.4 Will the organization whose financial statement is attached act as guarantor of the contract for construction? YES NO

6.0 SAFETY

6.1 Do you have a written Safety Program? YES NO



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6.2 How many direct-hired employees (Office and Field) do you have? _____

6.3 What is your OSHA recordable rate for the past three years?

(20_____)	(20_____)	(20_____)
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6.4 What is your lost time experience rate for the past three years?

(20_____)	(20_____)	(20_____)
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6.5 What is your EMR (Experience Modification Ratio) for the last three years?

(20_____)	(20_____)	(20_____)
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6.6 Do you have full time safety personnel? _____

6.7 What is your policy for placing safety personnel on a job site? _____

6.8 What safety training do you provide your employees? _____

6.9 Who is your Safety contact? _____

What is your Safety contact's phone number? _____

NOTE: Provide with this form (1) a signed copy of your OSHA 300A Log for each year indicated above (signed by an Officer of the Company) and (2) a letter from your Workers' Compensation Insurance carrier validating your EMR rates.

