



EXHIBIT F: SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Information

Legal Name: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company History

Date Established: \_\_\_\_\_ Certifications (Check all that apply): MBE \_\_\_ WBE \_\_\_ DBE \_\_\_ EDGE \_\_\_

Please list five projects of similar size and scope completed by your company in the past five years:

<u>Project Name</u>	<u>Contractor</u>	<u>Date Completed</u>	<u>Dollar Amount</u>

Please submit attached sheet listing 3 references from previously completed projects.

Projected Annual Sales: \_\_\_\_\_ Current Backlog: \_\_\_\_\_

Is your company signatory to any unions? Y\_\_\_ N\_\_\_

If yes, please list: \_\_\_\_\_

D&B DUNS Number: \_\_\_\_\_

Has your company been assessed liquidated damages for late completion of a project in the past 3 years? Y\_\_\_ N\_\_\_

Has your company worked on an Independence Construction project in the past? Y\_\_ N\_\_

Do you have any outstanding judgments, claims, or suits pending against your company? Y\_\_ N\_\_  
(If yes to the above question please attach a brief description and explanation of each)

Do you have any outstanding judgments, claims, or suits pending against a client or general contractor? Y\_\_ N\_\_  
(If yes to the above question please attach a brief description and explanation of each)

Does your company utilize email, electronic document management, and other programs to reduce waste and conserve natural resources? Y\_\_ N\_\_

### Insurance and Bonding

Bonding Capacity: \_\_\_\_\_ Bonding Company: \_\_\_\_\_

If required can or will you obtain performance or payment bond for your scope of work? Y\_\_ N\_\_

<u>Insurance Type</u>	<u>Insurance Company</u>	<u>Limits</u>	<u>Renewal Date</u>
Current General Liability			
Current Automobile			
Current Professional Liability			
Other _____			
Other _____			

### Employees and Safety

Current Number of Employees: \_\_\_\_\_ Number of employees with LEED certification: \_\_\_\_\_

Does your company provide health insurance for all employees? Y\_\_ N\_\_

Does your company have workers compensation in the state of Ohio? Y\_\_ N\_\_

Are your employees 10 hour OSHA Certified? Y\_\_ N\_\_

Which positions are trained? \_\_\_\_\_

Are your employees 30 hour OSHA Certified? Y\_\_ N\_\_

Which Positions are trained? \_\_\_\_\_

Please state EMR: Current year \_\_\_\_\_ Previous Year \_\_\_\_\_ 2 years ago \_\_\_\_\_

Please state OSHA Incident Rate: Current year \_\_\_\_\_ Previous Year \_\_\_\_\_ 2 years ago \_\_\_\_\_

Prequalification

Is your company enrolled in the BWC Drug Free Workplace Program? Y\_\_ N\_\_

Are you willing to follow Independence Construction's drug policy requiring proof of drug testing for all employees in the past year? Y\_\_ N\_\_

Do you have full time safety personnel? Y\_\_ N\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you comply with Independence Construction's requirement for a full time onsite safety member when you have 20 or more employees onsite? Y\_\_ N\_\_

Will you comply with Independence Construction's tie off policy for all employees above six feet? Y\_\_ N\_\_

Will you comply with Independence Construction's requirement for equipment training certifications for all employees that use equipment or tools? Y\_\_ N\_\_

Will you comply with Independence Construction's requirement for hardhats, safety glasses, and gloves to be worn at all times? Y\_\_ N\_\_

Do you have a PPE Policy? Y\_\_ N\_\_

Minimum requirements: \_\_\_\_\_

Does your company have: Yes No

Does your company have:	Yes	No
Equal Employment Opportunity/Affirmation Action Policy?		
Sexual and Non Sexual Harassment Policy?		
A Safety and Health Manual?		
A written Field Safety Manual?		
Safety orientation for new hires?		
Mandatory weekly safety meetings?		
A written substance abuse policy?		
Pre-hire drug testing?		
Post-hire/Random drug testing?		
A Disciplinary Policy?		
A Hazardous Communication Program?		
An Accident Report/Investigation Procedure?		
A light-duty, return to work policy?		
Written safety goals, statistics, and reports from executive management?		
Requirements for equipment operation/certification training?		

How often do you conduct job site safety inspections? \_\_\_\_\_

Have you been inspected by OSHA in the past three years? Y\_\_ N\_\_

Were these in response to complaints? Y\_\_ N\_\_

Have you been cited as a result of these inspections? Y\_\_ N\_\_

Please list citations: \_\_\_\_\_

Do you hold weekly toolbox talks? Y\_\_ N\_\_

Do you pre-qualify subcontractors? Y\_\_ N\_\_

Do you perform rigging and lifting checks prior to lifting? Y\_\_ N\_\_

**Scope of Work**

Please check all scopes of work that apply:	Comments:
Div. 01 – General Requirements _____	_____
Div. 02 – Site Development _____	_____
Div. 03 – Concrete _____	_____
Div. 04 – Masonry _____	_____
Div. 05 – Metals _____	_____
Div. 06 – Carpentry _____	_____
Div. 07 – Roofing/Siding _____	_____
Div. 08 – Doors/Windows _____	_____
Div. 09 – Finishes _____	_____
Div. 10 – Fixtures _____	_____
Div. 11 – Equipment _____	_____
Div.12 – Furnishings _____	_____
Div. 13- Special Construction _____	_____
Div. 14 – Elevators/Lifts _____	_____
Div. 15 – Mechanical _____	_____
Div. 16 – Electrical _____	_____
Other: _____	_____

Are there scopes of work that you typically subcontract out? Y\_\_ N\_\_

If so please describe: \_\_\_\_\_

Comments or Concerns:

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Please return this form with supporting documentation including references sheet, OSHA 300 log, Current Bureau of Workers Compensation Certificate, Verification of EMR, Written Safety Plan, and any other supplemental sheets attached. If this form is being filled out for a specific project please reference here: \_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_