



Subcontractor Pre-Qualification Worksheet

Subcontractor prequalification is an integral part of our risk management program and a prerequisite for working with Adolfson & Peterson Construction. Please complete the enclosed subcontractor prequalification questionnaire to help us better understand your operational capabilities, safety record, and liquidity. With the information provided, we establish an aggregate contractual threshold limit and update our estimating database for consideration on future projects.

As part of this submission, we require a recent balance sheet showing your current assets, current liabilities, and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only reviewed by our regional controller.

I. COMPANY INFORMATION

- a. Company Legal Name _____
- b. Subsidiaries and divisions: _____

- c. Address _____
City: _____ State: _____ Zip: _____
- d. Phone: _____ Fax: _____
- e. Website: _____
- f. Description of trade/product provided: _____

- g. Federal Employer ID #: _____
- h. Contractors License Number: _____ State: _____ Classification: _____
- i. States and/or Service Region where your firm is willing to do business:

- j. Company type: Corporation Partnership LLC
 Wholly-owned Subsidiary Sole Proprietor Joint Venture
- k. Parent Company Name (if applicable): _____
- l. Year founded: _____ Fiscal year ending: _____
- m. Non-Union Union Name of union: _____
- n. Average number of employees: _____ Office: _____ Field: _____
- o. Officers and Owners (list all officers and all owners with greater than 10% ownership):

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
- p. Has your firm gone through an ownership change in the last 12 months?
 No Yes If yes, please explain:

q. Primary points of contact within your organization:

Department	E-mail	Name	Phone #	Fax #
Estimating	_____	_____	_____	_____
Accounting	_____	_____	_____	_____
Warranty	_____	_____	_____	_____
Safety	_____	_____	_____	_____

II. SAFETY INFORMATION

a. Provide your worker's compensation experience modification factors for the last 3 years

_____ Current _____ Last year _____ Two years ago

b. In the last 5 years, has your company been cited by OSHA for a "serious" or "willful" violation?

No Yes If yes, please explain:

c. Provide a copy of your current OSHA 300 log as an attachment to this form.

III. FINANCIAL INFORMATION

a. Dun & Bradstreet _____

b. Historical financial information (past three years)

Year Ending	Revenue	Ending Backlog
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Current year projections

Revenue (\$) _____
Current Backlog (\$) _____
Current Number of Projects in Progress _____
Average Contract Size _____
Largest Contract in past 36 months _____
Number of LEED projects completed _____

d. *Provide a recent balance sheet. All subcontractor prequalification questionnaires & balance sheets are held in strict confidence and are only viewed by our Regional Controller. No consideration is given to questionnaires submitted without a balance sheet.*

f. Name of Primary Bank: _____

g. Bank Line of Credit: _____ Unused Portion: _____

h. Are any assets pledged or collateralized? Yes No If so, how much? _____

i. Auditor/Outside Accountant's Name (firm name): _____

j. Describe all lawsuits and judgments against your company in the last 2 years:

k. Have any of your principals or officers ever filed for bankruptcy either personally or for a business they were associated with? No Yes If yes, please explain:

l. Has your Company utilized the internet-based Textura solution for the exchange of construction project documents and payments (www.texturallc.com)? No Yes

If not, please contact TEXTURA at 1-866-TEXTURA and/or customerservice@texturacorp.com to get setup.

IV. SURETY AND BONDING

- a. Surety Company (indicate if none): _____
- b. Surety broker/agent Name: _____
- c. Surety broker/agent Phone #: _____
- d. Bonding Capacity: Per Job _____ Aggregate _____
- e. Bond Rate (per thousand): _____

Please provide a letter from your surety confirming your capacity and good standing.

V. INSURANCE INFORMATION

Adolfson & Peterson Construction requires the following insurance from its subcontractors:

MINIMUM LIMITS OF LIABILITY: Subcontractor will obtain insurance with limits as specified below, or such higher limits if imposed by Owner or by the Prime Contract Documents.

TYPE OF INSURANCE	ALL LIMITS IN THOUSANDS	
Commercial General Liability		
Premises/Operations	General Aggregate (Per Project)	\$2,000
Products/Completed Operations	Products Comp/OPS Aggregate	\$2,000
Contractual	Personal & Advertising Injury	\$1,000
Independent Contractors	Each Occurrence/Combined	\$1,000
Broad Form Property Damage	Single Limit (BI/PD)	
Personal Injury		
Explosion/Collapse/Underground (XCU)		
Automobile Liability		
Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$1,000
Hired Autos	Bodily Injury (Per Accident)	\$1,000
Non-Owned Autos	Property Damage	\$1,000
	or Combined Single Limit	\$1,000
Umbrella Liability Per Project Aggregate	All Subcontractors	\$5,000
Workers' Compensation (Coverage A)	Coverage A - Statutory	
Employer's Liability (Coverage B)	Coverage B - \$500 (Each Accident)	
	\$500 (Disease – Policy Limit)	
	\$500 (Disease – Each Employee)	
Errors and Omissions (when any design or professional services of any type is supplied)		
	Per Occurrence/Claim	\$1,000
	Aggregate with 3 Year Tail if Claims Made	\$1,000

- a. Do your Company's existing insurance policies meet these requirements? No Yes

If no, please explain:

- b. Please provide a sample of your insurance certificate as an attachment to this form.

VI. PERFORMANCE INFORMATION

a. Has an owner or general contractor terminated your contract for cause in the last 5 years?

No Yes If yes, please explain:

b. Has your company failed to complete any construction contracts in the last 5 years?

No Yes If yes, please explain:

c. Provide as an attachment to this form, a list of 5 supplier or financial trade references including name, contact name, and phone number.

d. Provide as an attachment to this form, a list of major construction projects your organization has completed or are currently in progress, giving the name of the project, owner, architect, general contractor, contract amount, city/state, and completion date over the past several years.

VII. MINORITY INFORMATION

a. Please check all that apply:

- MBE (minority business)
- AABE (African American Business)
- ABE (Asian American Business)
- HBE (Hispanic Business)
- NABE (Native American Business)
- WBE (Women's Business)
- DBE (Disadvantage Business)
- SBE (Small Business)
- HUB (Historically Underutilized Business)
- None of the above

b. Certification status:

- Not applicable
- Self
- Public
- Private

City: _____ County: _____ State: _____

NMSDC Affiliates: _____ (National Minority Supplier Development Council)

c. Provide a copy of your Minority Certification as an attachment, if applicable.

VIII. SIGNATURES OF SUBCONTRACTOR

IX. INTERNAL A&P USE ONLY

Name: _____

Name: _____

Signature: _____

Date: _____

Title: _____

Approve? No Yes

Date _____

Aggregate Limit: _____

Attachments included:

- Specialties Identification / CSI Code Listing
- Current OSHA 300 Log (Per Section II c)
- Balance Sheet (Reviewed or Audited, or most recent internal month-end)
- Surety Reference Letter (per Section IV)
- Sample Insurance Certificate (per Section V)
- Supplier or Financial Trade References (per Section VI c)
- List of Completed and Active Construction Projects (per Section VI d)
- Form W-9

