



Subcontractor Prequalification Statement

Company Name: _____ **Date:** _____

Project: _____

Location: _____

Have you had previous experience with the Owner/Architect? Yes No

If "Yes," Date: _____ Project/Location: _____

Description of Project: _____

Thank you for your interest in **Franjo Construction Corporation**. In order to become a subcontractor on our projects and any future bidding opportunities, you must complete this form and return it via one of the methods listed below. In addition to this form, a sample certificate of insurance showing your standards coverages and your company's most recent financial statement must be submitted in order to complete the prequalification process. If you would like to include more information than this form allows, please attach any additional documentation. This information provided through this Prequalification Statement will remain valid for 18 months. Please send to us via:

- Email : eblank@franjoco.com – Ed Blank, Chief Estimator
- Fax: 412-462-4049
- Mail: 335 E. 7th Avenue
Homestead, PA 15120

Subcontractor's Information	
Mailing Address:	Street Address:
Telephone:	Mobile:
Fax:	Email:
Subcontractor Name/Title:	

Subcontractor's Profile		
Subcontractor's Licenses: (if applicable)	License No.: License No.:	State: State:
Area of Business or Specific Work Scopes Your Company Performs:		
Description of Work performed with own forces:		
Description of work subcontracted to others:		



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Spec. Sections Your Company would like to bid:		Revenue
Section:	Description:	Revenue Previous 12 months:
Section:	Description:	Revenue Prior Year 1:
Section:	Description:	Revenue Prior Year 2:
Section:	Description:	Revenue Prior Year 3:

Dollar value of largest contract completed in the past two years:

Total amount of work and/or orders in progress:

Open Shop? Yes No

Union Affiliation? Yes No

Business and Financial Information

Please attach latest financial statement.

Parent/Affiliated Company:

Address:

Officers, Partners or Owners:

Name:	Title:	Years of Experience:

Total Permanent Employees: Peak manpower level in past 3 years:
 Permanent Employees for Construction: Lowest manpower level in past 3 years:

Type of Firm:

Corporation
 Individual/Sole Proprietor
 Partnership
 Other

Under what other names has your company operated?

Principal Banking Reference:
 Contact Name/Title/Phone Number:

Have you at any time failed to complete a project?
 If "Yes," please provide details:

Are there any material judgements, claims or lawsuits pending or outstanding against you?
 If "Yes," please provide details:

Can you produce payment and performance bonds/bond rate or percentage?



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References			
Please list typical contracts completed in past two years – attach more if needed:			
Year:	Project Name and Location:	Owner/Client Reference Contact info:	Value:

LEED References			
Please list any LEED certified projects completed in the past 3 years			
Year:	Project Name and Location:	Owner/Client Reference Contact info:	Value:
State the number of LEED Accredited Professionals on Staff: <input style="width: 50px; height: 20px;" type="text"/>			

Bonding and Insurance	
Bonding Company/Surety: Contact Person: Total Aggregate Limit: Total Active Bonds:	Bond Rate: Phone Number: Single Project Limit:
Insurance Carrier: Agent:	Phone: Contact Person:
Please attach a copy of your typical completed Insurance Certificate to show normal coverage (ACORD form)	

Safety and Health		
List your Experience Modification Rate (EMR) For Worker's Compensation Insurance for the Three (3) most recent years:	Year:	Rate:
Using your last year's OSHA 300 log, fill in the following:	Year:	
Number of injuries and illnesses:	Number of restricted workday cases	
Numbers of lost workdays:	Number of cases with medical attention only:	
Employee hours worked last year:	Number of fatalities:	
Please describe all OSHA recordable citations your firm has received in the last two years:		



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Safety and Health (continued)

Do you have a drug screening program? Yes: ___ No: ___
Do you have a Safety Officer/Department? Yes: ___ No: ___
If "Yes," name and title: _____

Do you have a written safety program? Yes: ___ No: ___
Do you conduct site safety inspections? Yes: ___ No: ___
If "Yes," who conducts the inspections (Name and Title): _____
Frequency: _____

Do you hold "gang box" safety meetings? Yes: ___ No: ___
If "Yes," how often: _____

Are rosters signed by attendees and kept on file? Yes: ___ No: ___

What on-going safety training other than the above do you have?

Would your firm object to drug screening for all personnel working on the project? Yes: ___ No: ___

Certification and Authorization

Have you reviewed both Franjo Construction Corporation's long and short form subcontract agreements? _____

Do you accept that if awarded the work, you will execute either of the agreements without modification? _____

I certify that the above information and attachments supplied to Franjo Construction Corporation are correct to the best of my knowledge and that I am authorized to sign this on behalf of the Organization.

Name of Organization: _____

Signature: _____

Printed Name: _____

Title: _____