



## 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 Gateway Building Company. Return completed form to:  
 Gateway Building Company, PO Box 3814, Durham, NC 27702 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 Union                  Non-Union	Previous Name of Company (if applicable)	
Contractor's License #	D&B #	Qualified Minority Business? MBE                  WBE                  DBE	

Safety			
List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows:	Last Year	1st Prior Year	2 <sup>nd</sup> 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

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				
<b>Totals</b>				

**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 (\$)
2 <sup>nd</sup> Prior Year					
1 <sup>st</sup> 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 3<sup>rd</sup> party if the proposed contract value is greater than \$500,000). In lieu of providing financial statements, Gateway Building Company 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 Gateway Building Company's requirements?	Yes	No
--	-----	----

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 Gateway Building Company 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: \_\_\_\_\_ (Signature) \_\_\_\_\_  
 (Print or Type)  
 Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Gateway Building Company will use this documentation to pre-qualify contractors. 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: _____
Prequal Form Complete? YES NO	