



## Subcontractor Pre-Qualification Worksheet

Please complete the enclosed subcontractor pre-qualification questionnaire to help us better understand your companies' operations, capabilities, safety records, and experience. Upon completion please forward a copy of your W9, Certificate of Insurance, Business License, Minority Business Certification, and all required attachments to our Contract Administrative Department via E-Mail to: [mhufford@highlandbuilders.net](mailto:mhufford@highlandbuilders.net)

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Remittance Address (If different from physical address) \_\_\_\_\_

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

Accounting Contact(s) and Email Address/Phone(s): \_\_\_\_\_

Estimating Contact: \_\_\_\_\_

Estimating E-mail Address: \_\_\_\_\_

Estimating E-mail Address: \_\_\_\_\_

Project Management Contact(s): \_\_\_\_\_

Principal(s) Contact \_\_\_\_\_

Please provide the following:

- Resumes of key personnel or outline of experience in this trade.
- Reference list (Clients, General Contractors, Suppliers).

CSI Code/Trade: \_\_\_\_\_

What size projects do you prefer? \_\_\_\_\_

How long has your firm been in business under its present name? \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ Contractors License Number: \_\_\_\_\_

How many total employees do you have? \_\_\_\_\_ How many are field employees? \_\_\_\_\_

Geographic range of service: \_\_\_\_\_

Are you a Minority or Women-Owned Business? \_\_\_\_\_ If yes, provide certification number \_\_\_\_\_  
Has your firm gone through an ownership change in the last twelve (12) months? \_\_\_\_\_

If yes, please explain:

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**PERFORMANCE INFORMATION**

Has an owner or general contractor terminated your contract for cause in the last five (5) years? \_\_\_\_\_

If yes, please explain:

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Has your company failed to complete any construction contracts in the last five (5) years? \_\_\_\_\_

If yes, please explain:

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Provide 5 supplier or financial trade references as an attachment to this form, including company name, address, contact name, and phone and fax number:

Provide the firm name, contact name and phone number of the general contractor along with the contract amount for 3 of your current projects:

Project Name \_\_\_\_\_  
Contract Value (\$) \_\_\_\_\_  
GC Firm Name \_\_\_\_\_  
GC Contact Name \_\_\_\_\_  
GC Phone # \_\_\_\_\_

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Contract Value (\$) \_\_\_\_\_  
GC Firm Name \_\_\_\_\_  
GC Contact Name \_\_\_\_\_  
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GC Firm Name \_\_\_\_\_  
GC Contact Name \_\_\_\_\_  
GC Phone # \_\_\_\_\_

**BONDING INFORMATION**

Surety Broker/Agent Phone #: \_\_\_\_\_

Bond Capacity: Per Job \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_ Bond Rate (per thousand): \_\_\_\_\_

**INSURANCE INFORMATION**

Please attach the following information:

Current certificate of insurance with all applicable endorsements, listing Highland Builders, Inc., as the Certificate Holder and as additionally insured and detailing the following minimum coverage:

Unless such greater coverage or policy limits are required by the Prime Contract, Subcontractor shall procure and maintain in force the following minimum insurance coverages: (1) statutory Worker’s Compensation Insurance for all of Subcontractor’s employees at the Project site, (2) Employers Liability Insurance with \$1,000,000 coverage (each section), (3) Commercial General Liability Insurance (**including XCU coverage by subcontractors involved in utility work, excavation, mechanical, electrical and/or plumbing work**), (4) Automobile Liability Insurance, (5) Excess Liability (Umbrella) Coverage of \$5,000,000 and (6) such other insurance, to the extent required by the Contract Documents for the Subcontract Work. Subcontractor is prohibited from using any forms that vary from the requirements under **ISO Form No. CG 00 01 12 04**, or its substantial equivalent, and Subcontractor shall notify Contractor immediately in the event its carrier changes the exclusion pertaining to “Employer’s Liability” from anything other than that found under **ISO Form No. CG 00 01 12 04**. Subcontractor shall immediately rectify any inferior coverage so that such coverage meets the stated requirements. The failure of Subcontractor to immediately remedy the inferior coverage and provide Contractor with a copy of the whole insurance policy as evidence that Subcontractor possesses the requisite coverage shall be a material breach of the Master Subcontract Agreement (MSA).

The Subcontractor’s Commercial General and Automobile Liability Insurance, as required by this provision shall be written for not less than limits of liability as follows:

- (a) Commercial General Liability
  - \$1,000,000 Each Occurrence/Per Project
  - \$2,000,000 General Aggregate (per project)
  - \$2,000,000 Products/Completed Operations Aggregate
  - \$1,000,000 Personal and Advertising Injury
- (b) Comprehensive Automobile Liability
  - \$1,000,000 Combined Single Limit
- (c) Excess Liability (Umbrella)
  - \$5,000,000 Each Occurrence/Per Project

**SAFETY INFORMATION**

Provide your EMR rating for the last three (3) years:

Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_

In the last five (5) years, has your company been cited by OSHA for a “serious” or “willful” violation? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

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

Does your company have a written safety program in place? \_\_\_\_\_

If awarded contracted work a safety program manual must be provided to HBI.

Does your company have a training program for all employees in place? \_\_\_\_\_

I certify that I am an Officer of the Company and the information provided in this application and the attached material is true and sufficiently complete so as not to be misleading.

Officer Signature: \_\_\_\_\_

Office Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_