

Golden & Associates Construction, LLC
SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Prepared by: _____

Phone: _____

Title: _____

Fax: _____

Date: _____

E-mail: _____

Estimating Contact: _____

I. GENERAL/ORGANIZATION

LEGAL COMPANY NAME: _____

YEARS IN BUSINESS UNDER THIS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CHECK (AS APPLICABLE):

1. CORPORATION _____

2. OPEN SHOP _____

3. HOME OFFICE _____

PARTNERSHIP _____

UNION _____

BRANCH _____

SOLE PROPRIETOR _____

IF BRANCH, YOUR HOME OFFICE LOCATION:

OTHER (DESCRIBE) _____

STATE THE TYPE(S) OF WORK IN WHICH YOU SPECIALIZE AND REGULARLY PERFORM WITH YOUR OWN PERSONNEL:

CURRENT COMPANY PERSONNEL HEAD COUNT: OFFICE: _____ FIELD: _____

II. FINANCIAL / EXPERIENCE

1. WHAT IS YOUR LARGEST PROJECT (NAME AND AMOUNT) COMPLETED TO DATE? _____ \$ _____

2. WHAT IS YOUR LARGEST PROJECT (NAME AND AMOUNT) IN PROGRESS? _____ \$ _____

3. WHAT IS YOUR CONTRACT VOLUME FOR THE PAST THREE YEARS? 20__ \$ _____ ; 20__ \$ _____ ; 20__ \$ _____

4. HAS YOUR COMPANY BEEN IN BANKRUPTCY WITHIN THE PAST FIVE YEARS? _____

5. IS THERE ANY CLAIM, JUDGEMENT, LITIGATION OR ARBITRATION PENDING INVOLVING YOUR COMPANY? (IF SO, ATTACH A DETAILED EXPLANATION.) _____

III. SAFETY

1. DOES YOUR COMPANY HAVE A WRITTEN SAFETY PROGRAM? _____

2. DOES OUR COMPANY HAVE A WRITTEN POLICY AGAINST DRUGS, ALCOHOL AND FIREARMS? _____

3. DOES YOUR COMPANY DRUG TEST? _____

4. WHAT IS YOUR CURRENT EXPERIENCE MODIFICATION RATE (EMR) FOR WORKERS' COMPENSATION? _____

5. WHAT IS YOUR OSHA INCIDENCE RATE FOR THE PAST THREE YEARS? 20__ _____ ; 20__ _____ ; 20__ _____

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III. SAFETY

6. PROVIDE A LIST OF OSHA CITATIONS AND ASSOCIATES FINES FOR THE PAST THREE YEARS.

20__ _____

20__ _____

20__ _____

IV. REFERENCES

PROVIDE 2 GENERAL CONTRACTOR, 2 TRADE AND 1 BANK REFERENCE(S) (INCLUDE THE INDIVIDUAL CONTACT AT EACH):

GENERAL CONTRACTOR:

	<u>NAME</u>	<u>CONTACT PERSON</u>	<u>ADDRESS</u>	<u>PHONE#</u>
1.	_____	_____	_____	() _____
2.	_____	_____	_____	() _____

TRADE:

	<u>NAME</u>	<u>CONTACT PERSON</u>	<u>ADDRESS</u>	<u>PHONE#</u>
1.	_____	_____	_____	() _____
2.	_____	_____	_____	() _____

BANK:

	<u>NAME</u>	<u>CONTACT PERSON</u>	<u>ADDRESS</u>	<u>PHONE#</u>
	_____	_____	_____	() _____

BONDING:

PROVIDE THE REQUESTED INFORMATION FOR YOUR BONDING COMPANY AND BONDING AGENT:

	<u>NAME</u>	<u>CONTACT PERSON</u>	<u>ADDRESS</u>	<u>PHONE#</u>
BONDING COMPANY:.	_____	_____	_____	() _____

BONDING AGENT:	_____	_____	_____	() _____
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BONDING CAPACITY: _____ LARGEST BONDED JOB TO DATE: _____ BOND RATE _____

**PLEASE RETURN COMPLETED QUESTIONNAIRE TO: GOLDEN & ASSOCIATES CONSTRUCTION, LLC
ATTN:Patrick Lloyd Patrick@goldenconstruction.com
P.O. Box 11413 (205) 322-7726 Phone
Birmingham, AL 35203 (205) 322-6016 Fax**