

Subcontractor / Vendor Prequalification Statement

Company Name:			
Type of Work Company Performs:			
State of Incorporation:		Date of Incorporation:	
Street Address (No PO Boxes):		City	State Zip:
Office Number:	Cell Number:	Fax Number:	

Corporate Officers & Main Contacts	Title	Phone #	Cell #	Fax #

M/W/SBE Certification	M/W/SBE Description	Certifying Agency

Employment Information **(# of employees)**

	Home Office	Field Supervisory	Trades People	Total
Current				
Three year Average				

Trade / Labor Information

Union Information					
Local #	Union Name	Telephone	Union Contact	Union Bond Value	Agreement Exp

Safety Information

Current EMR Rates		
State	Year	Rate
	2010	
	2009	
	2008	

OSHA 30 Certified Personnel		
Name	Phone	Email

OSHA 200/300 Information								
Reporting Year	# of Fatalities	Description	# of Lost & Restricted Workday Cases	Employee Hours Worked	# of OSHA Violations Has Company Received This Year	If Violations Were Willful, Provide Description	Recordable Incidence Rate	Lost Workday Incidence Rate
Current Year								
Prior Year								
Two Years Prior								

Safety Questionnaire			
Question	Yes	No	Comments
Does your company have a qualified person solely responsible for safety? If Yes, please attached a resume or description of qualification.			
Does this person perform safety inspections on all of your projects? If so, how often?			
Does your company have a written safety Policy and Program; and will you provide copies If requested?			
Does your company have a drug testing policy? If yes, please check which are included in the Policy. PreEmployment <input type="checkbox"/> Cause: <input type="checkbox"/> Post-Accident/Incident: <input type="checkbox"/> Random: <input type="checkbox"/> Periodic: <input type="checkbox"/>			
Does your company require 100% fall protection from a height greater than 6 foot?			
If requested, will you provide us with site specific fall protection plan addressing the specific hazards to your work at any site?			
Does your company require documented safety meeting for the employees?			

General Financial Information

State Sales Tax Info:	State:	Sales Tax Number:
License Expiration:	State:	Number:
State Unemployment:	State Unemployment Identified # (SUI):	
Federal Employment Number (EIN):		

Largest Contract Completed in the last (3) years:

Amount: _____ Year: _____
 Project Name: _____
 Scope: _____

Annual Volume of Work Performed over the Past 5 Years:

Year _____	Average Volume \$ _____
Year _____	Average Volume \$ _____
Year _____	Average Volume \$ _____
Year _____	Average Volume \$ _____
Year _____	Average Volume \$ _____

Percentage of Work Normally Subcontracted: _____ %

All Building Types on which your company has worked:

Commercial <input type="checkbox"/>	Gas Stations <input type="checkbox"/>
Hotels/Motels <input type="checkbox"/>	Interior Fit-out <input type="checkbox"/>
Healthcare <input type="checkbox"/>	Retail/Restaurants <input type="checkbox"/>
Residential <input type="checkbox"/>	Other <input type="checkbox"/>

Banking Information:

Bank Name: _____
 Line of Credit: \$ _____ Available: \$ _____ Expires: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Contact Name: _____ Phone: _____ Fax: _____

LEGAL INFORMATION

1. Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you:
 Yes No (If yes, please attach statement)

2. Have any of the Owners, officers or major stockholders of your Company ever been indicated or convicted of any felony or other criminal conduct?
 Yes No (If yes, please attach statement)

3. Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?
 Yes No (If yes, please attach statement)

4. Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?
 Yes No (If yes, please attach statement)

5. Does your Company have any outstanding judgments or claims against it?
 Yes No (If yes, please attach statement)

BOND / SURETY INFORMATION
(if Necessary)

Surety Company Name: _____ Since: _____

Surety Broker Name: _____ Bonding Capacity Per Job: \$ _____

Aggregate: \$ _____

Contact Information for bond information:

Contact Name: _____ Phone: _____ Fax: _____

*Attached a copy of a letter from your Bonding Company indicating your ability to provide a Payment and Performance Bond in the amount of the project size you indicate on this page.

INSURANCE INFORMATION

*You may attach a sample insurance certificate, identifying limits of coverage, rather than filling in the limits outlined in this section. You MUST still provide the Broker's Contact Information & Worker's Comp Risk ID #. Sample insurance certificate is attached.

Insurance Broker Contact Information:

Company Name: _____

City: _____ State: _____

Contact Name: _____ Phone: _____ Fax: _____

Mobile: _____ Email: _____

Commercial General Liability Info:

Insurance Carrier: _____

	Current
General Aggregate	\$
Products – Completed Ops Aggregate	\$
Personal/Adv. Injury	\$
Per Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expenses (any one person)	\$
Deductible Amount	\$

Excess Liability Info:

Excess Liability Insurance Carrier: _____

Total Limit: \$ _____

Workers Compensation and Employer's Liability Info:

Insurance Carrier: _____ Workers Comp Risk ID # _____

Limits: \$ _____

Employers Liability Each Accident: \$ _____

INSURANCE INFORMATION

Automobile Liability Info:

Auto Insurance Carrier: \$ _____

	Current
Combined Single Limit	\$
Bodily Injury (per person)	\$
Bodily Injury (per accident)	\$
Property Damage	\$

Professional Liability Insurance Info:

Insurance Carrier: _____

Office Policy Limit: \$ _____ Deductible: \$ _____

Extended Reporting Period (tail): Years:

Prior Acts: Yes No

FINANCIAL INFORMATION

We have attempted to answer all questions in full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Aventura Construction Corp will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day _____, 20__ .

Name of Company: _____

Completed By: _____

Title: _____

Being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading,

Subscribed and sworn before me this _____ day _____, 20__ .

Notary Public:

My Commission Expires:

ACORD, CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)																																																																																																																																	
<p>PRODUCER</p> <p style="text-align: center;">INSURANCE COMPANY</p> <p>INSURED</p> <p style="text-align: center;">YOUR COMPANY INFORMATION</p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <p>INSURERS AFFORDING COVERAGE</p> <p>INSURER A: _____</p> <p>INSURER B: _____</p> <p>INSURER C: _____</p> <p>INSURER D: _____</p> <p>INSURER E: _____</p>																																																																																																																																		
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