

Subcontractor Prequalification Form

Save this document to your computer FIRST, then fill out, save your changes, and e-mail to tony@amgassociatesinc.com, or print form and fax to AMG at 661-251-7405. Please use Adobe Reader software when completing this form.

Referred by

AMG & Associates Inc. Contact _____ AMG & Associates Inc. Project _____

Have you worked with AMG & Associates Inc. before? Yes No

I. General Information

Company _____ Federal ID Number _____

Address _____ Year Business Started _____

(No P.O. Boxes) _____ State of Incorporation _____

City _____ Date of Incorporation _____

State _____ Zip _____

Contractor's License(s) State and Numbers

Phone _____

State	License Number	Exp Date

Fax _____

E-mail _____

Website _____

Union Yes No

Union Affiliations

List Unions which you have agreements with	Local Number	Union Name	Agreement Expiration

II. Organization

Business Type: Corporation Partnership Limited Liability Company Sole Proprietor Joint Venture

List the name, title, years with company and percent of ownership of the company principles:

Name	Title	No. Yrs. w/Co	% Ownership

Is your company owned or controlled by a parent company or other organization? Yes No

Provide name of parent company _____

Provide current number of ___ Office Staff ___ Field Supervisors ___ Avg Field Labor ___ Avg Shop Labor ___ Other

Provide average number over last 3 years of

___ Office Staff ___ Field Supervisors ___ Avg Field Labor ___ Avg Shop Labor ___ Other



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II. Organization (continued)

Contact Information

Principle Contact		Phone/Fax		E-mail	
CFO Contact		Phone/Fax		E-mail	
Accounting Contact		Phone/Fax		E-mail	
Estimating Contact		Phone/Fax		E-mail	

Check applicable certification(s): **ATTACH COPIES OF CERTIFICATION FOR EACH QUALIFYING SBA CLASSIFICATION**

- | | |
|--|---|
| <input type="checkbox"/> Large Business (no special classification) | <input type="checkbox"/> Small Business Enterprise (SBE) |
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Veteran Owned Small Business (VOSB) |
| <input type="checkbox"/> HUBZone Small Business | <input type="checkbox"/> Service Disabled Veteran Owned Small Business (SDVOSB) |
| <input type="checkbox"/> Small Disadvantages Business (SDB) | <input type="checkbox"/> Women Owned Small Business (WOSB)/(WBE) |
| <input type="checkbox"/> 8(a) Certified Small Disadvantaged Business | <input type="checkbox"/> Alaskan Native Corporation (ANC) |
| <input type="checkbox"/> Native American/Indian Tribe | <input type="checkbox"/> Other |

III. Legal Information

Are there any judgements, claims, arbitration proceedings or suits pending/outstanding against your firm, its officers, or principles?

- Yes No If yes, please attach a complete explanation.

Has your company filed, or been involved (in any way) in any lawsuits or requested arbitration or mediation with regard to construction contract within the last three (3) years?

- Yes No If yes, please attach a complete explanation.

Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?

- Yes No If yes, please attach a complete explanation.

Have any of the Owners, officers or major stockholders ever been indicted or convicted of any felony or other criminal conduct?

- Yes No If yes, please attach a complete explanation.

Has your company or any owners, officer or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever found to be non-responsive by a public agency?

- Yes No If yes, please attach a complete explanation.

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?

- Yes No If yes, please attach a complete explanation.



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III. Legal Information (continued)

Has your company or any of its owners, officers, or major stock holders been investigated for or charged with alleged labor law violations including alleged violation of the Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws?

Yes No If yes, please attach a complete explanation.

IV. Financial Information

Annual Volume

What was the average annual revenue from work completed in the last five (5) years and what is next year's forecasted revenue?

Year	Year	Year	Year	Year	Year
Revenue	Revenue	Revenue	Revenue	Revenue	Revenue

To prequalify for a contract of any value, attach copies of your most recent annual financial statements (balance sheet, income statement and cash flow, as well as a current work in progress report). If your annual statement are more than six months old, please also include your most recent quarterly statement. AMG & Associates Inc. uses this information is strictly for prequalification purposes and will not disclose this information to any third parties.

V. Safety

OSHA Record

Has your firm had any OSHA citations, fines, or job site fatalities within the most recent three (3) years?

Yes No If yes, please attach a detailed description of the incident (include—location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

If yes, type of citation (serious, repeat, willful): _____

Workers' Compensation

Please list your firms workers' compensation experience modification rate (EMR) for the last three (3) years and attached written documentation from your insurance broker confirming these rates.

Year	Year	Year	Year	Year
Rate*	Rate*	Rate*	Rate*	Rate*

*Provide explanation for each EMR > 1.0

Employee hours worked the last three (3) years _____

OSHA 300 Log Information (List the last three years of information shown below.)

Year			
No. of Fatalities (Column G)			
No. of Cases Days Away From Work (Column H)			
No. of Job Transfer or Restriction (Column I)			
No. of Other Recordable Cases (Column J)			

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V. Safety (continued)

Please list the person who is responsible for coordinating your company's safety program.

Name _____

Title _____ E-mail _____ Phone _____

Does your company have a written safety program policy? Yes No

Does your company have a safety reward program for employees? Yes No

VI. Experience

Trade Categories

Please list the PRIMARY categories of work your firm performs.

Indicate the size of project you are most competitive (enter 1). Show in preference order (2, 3, ...) other size projects you are capable of performing.

- | | | |
|--|--|---|
| <input type="checkbox"/> Under \$100,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 | <input type="checkbox"/> \$6,000,000 - \$9,000,000 |
| <input type="checkbox"/> \$100,000 - \$200,000 | <input type="checkbox"/> \$1,000,000 - \$3,000,000 | <input type="checkbox"/> \$9,000,000 - \$15,000,000 |
| <input type="checkbox"/> \$200,000 - \$500,000 | <input type="checkbox"/> \$3,000,000 - \$6,000,000 | <input type="checkbox"/> Over \$15,000,000 |

Check all building types on which your company has worked.

- | | | |
|---|--|---|
| <input type="checkbox"/> K-12 | <input type="checkbox"/> Athletic Facilities | <input type="checkbox"/> Design Build/Design Assist |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Industrial Buildings | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Government | <input type="checkbox"/> Laboratories | List Federal Building Types: |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Housing (Dormitories) | _____ |

List all Federal Agencies with which your company has worked.

List the trades you normally perform with your own forces.

What trades do you normally subcontract?

What percentage of the company's work is normally subcontracted? _____ %

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VI. Experience (continued)

What is the largest contract your company has completed?

Amount \$		Project Name	
Year Completed		Scope of work	

What is the largest dollar volume job you expect to do during this year?

Amount \$		Project Name	
		Scope of work	

What is your expected annual volume this year.

Amount \$ _____ # of Projects _____

Contract Method

Please indicate the percentage of your work load for each contract method.

Competitive Bid		Design Build	
Negotiated/Design Assist		IPD	

VII. Performance References

Provide four references below. Each reference should be from a different general contractor. These references should be for work completed in the last five years and should be representative of the work you are trying to prequalify for now. **One must be for your largest project within the last two years. NOTE: The contract provided must have *direct* knowledge of your performance on that project. Leaving out any requested contact information including e-mail address will delay processing of your form.**

Project Name _____ General Contractor _____

Subcontract Value _____ Contact Name _____

Contact E-mail _____ Contact Fax _____

Contact Phone _____

Project Name _____ General Contractor _____

Subcontract Value _____ Contact Name _____

Contact E-mail _____ Contact Fax _____

Contact Phone _____

Project Name _____ General Contractor _____

Subcontract Value _____ Contact Name _____

Contact E-mail _____ Contact Fax _____

Contact Phone _____



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VII. Performance References (continued)

Project Name _____ General Contractor _____
Subcontract Value _____ Contact Name _____
Contact E-mail _____ Contact Fax _____
Contact Phone _____

VIII. References

Banking

Name _____ Contact _____ Phone _____
City _____ State _____ Zip Code _____ Since _____

Bonding

 Attach formal letter from bonding company

Bonding Company _____ Surety Broker/Agent _____
Contact Person _____ Phone _____ Time w/ Bond Co? _____
Bond Capacity per Project _____ Aggregate _____
Bond Co Rating _____ Last Bond Issued: Date _____ Amount _____ Rate % _____

Insurance

 Attach current copy of insurance certificate

General Liability Carrier _____ Effective _____ Expiration _____
Limit _____ Insurance Broker/Agent _____ Phone _____

Insurance

 Attach current copy of insurance certificate

Workers Compensation Carrier _____ Effective _____ Expiration _____
Limit _____ Insurance Broker/Agent _____ Phone _____

Insurance

 Attach current copy of insurance certificate

Auto Liability Carrier _____ Effective _____ Expiration _____
Limit _____ Insurance Broker/Agent _____ Phone _____

Insurance

 Attach current copy of insurance certificate

Pollution Liability Carrier _____ Effective _____ Expiration _____
Limit _____ Insurance Broker/Agent _____ Phone _____

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Bidding Information

Scope of Work (Please check all that apply)

Div. 1	General Construction	Div. 5	Metals	Div. 9	Finishes
<input type="checkbox"/> 01-020	Surveyor	<input type="checkbox"/> 05-010	Misc. Steel Supplier	<input type="checkbox"/> 09-010	Drywall/Framing
<input type="checkbox"/> 01-030	Testing & Inspections	<input type="checkbox"/> 05-015	Struct Steel Erecting	<input type="checkbox"/> 09-020	Acoustical Ceiling
<input type="checkbox"/> 01-140	Debris Removal	<input type="checkbox"/> 05-020	Rough Hardware	<input type="checkbox"/> 09-030	EIFS
<input type="checkbox"/> 01-170	Final Clean Up	<input type="checkbox"/> 05-030	Simpson Hardware	<input type="checkbox"/> 09-035	Stucco
<input type="checkbox"/> 01-190	Securite Fence	<input type="checkbox"/> 05-040	Stainless Steel	<input type="checkbox"/> 09-040	Painting
		<input type="checkbox"/> 05-050	Burglar Bars	<input type="checkbox"/> 09-050	Wall Coverings
Div. 2	Sitework	<input type="checkbox"/> 05-060	Steel Trusses	<input type="checkbox"/> 09-060	Ceramic Tile
<input type="checkbox"/> 02-010	Excavation	<input type="checkbox"/> 05-070	Field Welding	<input type="checkbox"/> 09-070	Resilient Flooring/Carpet
<input type="checkbox"/> 02-011	Fill & Compaction	<input type="checkbox"/> 05-080	Pre Engineered Bldgs.	<input type="checkbox"/> 09-075	Epoxy Floors
<input type="checkbox"/> 02-012	Import/Export	<input type="checkbox"/> 05-300	Metal Docking	<input type="checkbox"/> 09-080	Carpet
<input type="checkbox"/> 02-019	Asphalt Base Rock			<input type="checkbox"/> 09-090	Marlite/FRP
<input type="checkbox"/> 02-020	Asphalt Paving	Div. 6	Wood & Plastics	<input type="checkbox"/> 09-200	Lath & Plaster
<input type="checkbox"/> 02-025	Saw Cutting	<input type="checkbox"/> 06-010	Glu Lam Beams Supplier		
<input type="checkbox"/> 02-040	Striping	<input type="checkbox"/> 06-020	Wood Truss/Joist Supplier	Div 10	Specialties
<input type="checkbox"/> 02-050	Extruded Curbs	<input type="checkbox"/> 06-030	Lumber & Material Supplier	<input type="checkbox"/> 10-010	Toilet Accessories
<input type="checkbox"/> 02-060	Poured Curbs	<input type="checkbox"/> 06-050	Millwork & Cabinetry	<input type="checkbox"/> 10-020	Toilet Partitions
<input type="checkbox"/> 02-070	Landscaping	<input type="checkbox"/> 06-200	Finish Carpentry	<input type="checkbox"/> 10-030	Signs
<input type="checkbox"/> 02-080	Demolition	<input type="checkbox"/> 06-800	Framing Contractors	<input type="checkbox"/> 10-050	Fire Extinguishers
<input type="checkbox"/> 02-090	Site Gading			<input type="checkbox"/> 10-070	Bike Rack
<input type="checkbox"/> 02-150	Site Utilities	Div. 7	Moisture Protection	<input type="checkbox"/> 10-090	Wall Louvers
<input type="checkbox"/> 02-160	Site Eldctrical	<input type="checkbox"/> 07-010	Insulation		
<input type="checkbox"/> 02-340	Site Concrete	<input type="checkbox"/> 07-020	Roofing	Div. 11	Equipment
<input type="checkbox"/> 02-350	Retaining & Keystone Walls	<input type="checkbox"/> 07-025	Metal Roofing/Siding	<input type="checkbox"/> 11-010	Dock Equipment
<input type="checkbox"/> 02-900	Asbestos Abatement	<input type="checkbox"/> 07-030	Sheet Metal	<input type="checkbox"/> 11-024	Security/Emerg. Equip.
		<input type="checkbox"/> 07-040	Arch. Sheet Metal	<input type="checkbox"/> 11-040	Kitchen Equipment
Div. 3	Concrete	<input type="checkbox"/> 07-050	Sealant		
<input type="checkbox"/> 03-010	Rock & Sand	<input type="checkbox"/> 07-060	Dampproofing	Div 12.	Furnishings
<input type="checkbox"/> 03-020	Concrete	<input type="checkbox"/> 07-070	Roof Accessories	<input type="checkbox"/> 12-010	Awnings
<input type="checkbox"/> 03-030	Rebar - Supplier	<input type="checkbox"/> 07-080	Skylights	<input type="checkbox"/> 12-050	Window Treatments
<input type="checkbox"/> 03-035	Rebar Installation	<input type="checkbox"/> 07-400	Mfg. Siding/Roofing		
<input type="checkbox"/> 03-040	Concrete Finish	<input type="checkbox"/> 07-700	Roof Inspections	Div. 14	Conveyor Systems
<input type="checkbox"/> 03-050	Concrete Pump			<input type="checkbox"/> 14-010	Elevator
<input type="checkbox"/> 03-060	Concrete Accessories	Div. 8	Doors and Windows	<input type="checkbox"/> 14-020	Scaffolding
<input type="checkbox"/> 03-070	Concrete Cutting	<input type="checkbox"/> 08-010	Metal Doors & Drames		
<input type="checkbox"/> 03-080	Core Drilling	<input type="checkbox"/> 08-020	Wood Doors	Div. 15	Mechanical
<input type="checkbox"/> 03-090	Concrete Grinding	<input type="checkbox"/> 08-030	Finish Hardware	<input type="checkbox"/> 15-010	Plumbing
<input type="checkbox"/> 03-710	Foundation Insulation	<input type="checkbox"/> 08-050	Overhead Door	<input type="checkbox"/> 15-020	Fire Sprinklers
		<input type="checkbox"/> 08-060	Grills	<input type="checkbox"/> 15-025	Hood Suppression
Div. 4	Masonry	<input type="checkbox"/> 08-070	Stockroom Doors	<input type="checkbox"/> 15-030	HVAC
<input type="checkbox"/> 04-010	Masonry Products	<input type="checkbox"/> 08-080	Roof Hatch/Access Doors	<input type="checkbox"/> 15-035	Air Balance
<input type="checkbox"/> 04-020	Masonry Labor	<input type="checkbox"/> 08-090	Storefront	<input type="checkbox"/> 15-040	Refrigeration
<input type="checkbox"/> 04-030	Masonry Rebar	<input type="checkbox"/> 08-100	Automatic Doors		
		<input type="checkbox"/> 08-130	Access Doors	Div. 16	Electrical
		<input type="checkbox"/> 08-500	Vinyl Windows	<input type="checkbox"/> 16-010	Electrical
		<input type="checkbox"/> 08-600	Wood Windows	<input type="checkbox"/> 16-710	Alarm & Detection
				<input type="checkbox"/> 16-720	Music & Paging

Authorized Company Representative

Title

Date



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VIII. References (continued)

Please provide Dunn & Bradstreet Number _____

Supplier Name _____ Location _____

Contact Name _____ Phone _____

Supplier Name _____ Location _____

Contact Name _____ Phone _____

Supplier Name _____ Location _____

Contact Name _____ Phone _____

IX. Additional Information

Please attached any additional information to help us determine your company's qualifications and expertise.

X. Signature

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the subcontractor or vendor authorizes AMG & Associates Inc. to obtain a written or oral credit report on the subcontractor's or vendor's business entity from any credit reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding company with whom the subcontractor or vendor has current or inactive experience to give any and all necessary information to AMG & Associates Inc., which will assist AMG & Associates Inc. in the Subcontractor Evaluation. The subcontractor further authorizes AMG & Associates Inc. to reinvestigate the status from time-to-time, as ANG & Associates Inc. deems necessary.

Printed Name _____ Name _____

Signature _____ Phone _____

Title _____

Prepared By _____

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Additional Information

Please add any additional information, or information that did not fit on a previous page.