

Journeyman Construction, Inc.
Subcontractor Prequalification Questionnaire
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Company Name: _____ Federal ID or Social Security: _____
Contact Name: _____ Phone: _____ Fax: _____
Mailing Address: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Website: _____

Structure of Company:

Corporation: _____	L.L.C.: _____	Partnerships: _____
Individual: _____	Joint Venture: _____	General or Limited: _____

Date of Incorporation or establishment: _____
State of Incorporation or establishment: _____
Presidents Name: _____ Vice President's Name: _____
Secretary's Name: _____ Treasurer's Name: _____
D&B Rating: _____ Financial & Bonding Capacity: _____
Number of Office Employees: _____ Number of Field Employees: _____
License #: _____
Does your company operate under any other name? _____
Scope of Work? _____
Which type of project does your company prefer? _____
Where are your areas of operation? _____
Indicate geographical areas in which you are qualified to work. _____
Are you MBE, WBE, or DBE Certified? _____
What is the size of Subcontract or Purchase Order your company typically performs? _____

Personnel Information: (Name & Phone Number)

President: _____	Sales Manager: _____
Production Manager: _____	Engineering Manager: _____
QA/QC Manager: _____	Construction Manager: _____

Financial & Banking Information:

Contractors Primary Bank: _____ Bank Account Number: _____
Can your company furnish a Performance Bond, and in what amount? _____
Surety: _____ Agent: _____ Phone Number: _____



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Insurance

List your Company's Insurance limits:

General Liability: _____ Occ. _____ Agg. _____

Auto Liability: _____ Occ. _____ Agg. _____

Excess Liability: _____ Occ. _____ Agg. _____

Workmen's Compensation: _____ Occ. _____ Agg. _____

Insurance Agency Information:

Name: _____ Contact Name: _____

Phone: _____ Fax: _____

Contractor Safety Information:

Do you have a written safety program? _____

If yes, briefly describe scope and who enforces it: _____

What is your EMR for the last 3 years? _____

What is your frequency rate for the last 3 years? _____

Any employee deaths in the last 3 years? If yes please explain: _____

Any willful OSHA citations? If yes, please describe: _____

Any safety inspections in-house or by insurance company in the last 3 years? _____

Do you have a drug testing program? _____

What type of safety training is given to your employees? _____

Do you have a company Safety Director or other Safety Contact? _____

Name: _____ Phone: _____

Has your organization ever failed to complete any work awarded to you in the last 5 years? If yes, please explain. _____

Any litigation? If yes, explain. _____

Any outstanding judgement, claims, arbitration? If yes, explain. _____

Please attach a list of major construction projects your organization has recently completed and has currently In progress. (Include the following information: name of project, owner, location, contract value, description of work being performed, architect, general contractor, general contractor contact and phone #, completion or anticipated completion dates).



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References:

Please list three trade references with whom you have worked in the last year:

Name with complete Address	Contact & Phone Number

Please list three general contractors with whom you have worked with in the last year:

Name with complete Address	Contact & Phone Number

Projects Prior or Current for this firm:

This qualification form with attachments may determine the award of work to your firm:

Signature of Officer

Firm Name

