LOGO

Subcontractor Prequalification Questionnaire

Thank you for your interest in SanDow Construction, Inc. In order to best match your capabilities with upcoming

opportunities, please fill out the following information and return to Jocelyn Salgueroat jocelyn@sandowconstruction.com fax 301.322.1449

# General Information:

1. Legal Company Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Federal Tax Id Number: |  | Current Licenses: |  |
| 2. Mailing Addresses: |  |  |  |  |  |
|  |  |  |  |  |  |
| 3. Business phone: |  |  |  | Business fax: |  |
| Contact Name and Email: |  |  |  | Website: |  |
| 4. Company Established (Month/Year): |  |  |  |  |  |
| 5. Form of Business (check all that apply): |  | Sole ProprietorshipMBE |  | PartnershipDBE | CorporationWBE Other: |
| 6. Number of Employees: |  | Are Any LEED Accredited: |  |  |  |
| **Safety Information:** |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 7. Indicate your EMR for the current year and two previous years:  |   |   |
| Current: | Last: | Prior to Last: |

1. OSHA:
	1. Are your employees 10-hr OSHA Certified. If yes, how many and the positions that are trained:
	2. Are your employees 30-hr OSHA Certified. If yes, how many and the positions that are trained:

Yes No

Yes No

# Work Experience:

9a. Experience - Scope of Work (Check all that apply):

Div. 01 – General Requirements Div. 02 – Site Development

Div. 03 – Concrete Div. 04 – Masonry Div. 05 – Metals Div. 06 – Carpentry

Div. 07 – Roofing/Siding Div. 08 – Doors/Windows Div. 09 – Finishes

Div. 10 – Fixtures Div. 11 – Equipment Div. 12 – Furnishings

Div. 13 – Special Construction Div. 14 – Elevators/Lifts

Div. 21, 22, 23 – Mechanical

Div. 26, 27, 28 – Electrical Other (specify below):

9b. Experience - Overall:

Of the scope of work from question 9a., please complete the following information for further evaluation.

(You may use the "Additional Blank Pages" at the end of this form)

|  |  |  |
| --- | --- | --- |
| Division/Trade: | Business Name Under Which Trade is/was Performed: | Years Performing Trade Under this Name: |

9c. Experience - Completed Projects:

List five (5) most recent and similar projects completed, starting from the most recent completion date. You may include projects where the bidder (your company) and subcontractor were subcontractors.

|  |  |  |
| --- | --- | --- |
| **1** | **Project Name:** |  |
|  | Dollar Amount: | $ | Contract Completion Date: |  |
| Contractor: |  |
| - Contact Name: |  | - Contact Phone # |  |
|  |  |
|  |
| **2** | **Project Name:** |  |
|  | Dollar Amount: | $ | Contract Completion Date: |  |
| Contractor: |  |
| - Contact Name: |  | - Contact Phone # |  |
|  |  |
|  |
| **3** | **Project Name:** |  |
|  | Dollar Amount: | $ | Contract Completion Date: |  |
| Contractor: |  |
| - Contact Name: |  | - Contact Phone # |  |
|  |  |
|  |
| **4** | **Project Name:** |  |
|  | Dollar Amount: | $ | Contract Completion Date: |  |
| Contractor: |  |
| - Contact Name: |  | - Contact Phone # |  |
|  |  |
|  |
| **5** | **Project Name:** |  |
|  | Dollar Amount: | $ | Contract Completion Date: |  |
| Contractor: |  |
| - Contact Name: |  | - Contact Phone # |  |
|  |  |
|  |

9d. Experience - Facilities and Equipment:

List your company’s facilities and major equipment, leased or owned.

(You may use the "Additional Blank Pages" at the end of this form)

# Regulatory / Contractual:

1. Recent Occurrences:

If relevant to your company, include an explanation of all occurrences from the list below that have taken place in the last 5 years, or indicate "no" if irrelevant. (You may use the "Additional Blank Pages" at the end of this form, as needed) Provide sufficient and appropriate detail information such as "project name, owner, contact person and contact phone number, and amount of contract, etc."

* + Any judgments, claims or suits pending or outstanding against your company?

If yes, include a brief explanation of each.

* + Any judgments, claims or suits pending or outstanding against a client or general contractor?

If yes, include a brief explanation of each.

* + Any citations by OSHA for violations in the last five (5) years?

If yes, please include list of violations, status, and fine amount.

* + State or Federal Prevailing Wage violations or judgments?

If yes, please include list of violations and status.

Yes No

Yes No

Yes No

Yes No

# Company Policies and Statistics:

1. Does your company provide health insurance for all employees?

Yes No

*“* Employer pays directly, or through an agent, a portion of premium on behalf of their employees into a bona fide administrator.”

1. Does your company have workers compensation through the State of Maryland?

Yes No

If yes, please include your current certificate. If no, please explain. (You may use the "Additional Blank Pages" at the end of this form)

1. Insurance Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Type** | Insurance Company | Limits | Date of Renewal |
| Automobile |  |  |  |
| Employers Liability |  |  |  |
| General Liability |  |  |  |
| Excess Insurance |  |  |  |
| **Bonding Company** |  | Bonding Capacity |  |

Please include your current bonding certificate(s) of insurance.

1. Does your company have:
	* An Affirmative Action Plan for employees?
	* Training/orientation on sexual harassment in the workplace?
	* A written Disciplinary Policy?
	* A written Hazardous Communication Program?
	* Safety orientation for new hires?
	* Mandatory weekly safety meetings?
	* A designated Safety Officer for your company?
	* A Substance Abuse Policy?
	* Pre-hire Testing?
	* Post-hire/Random Testing?
2. Employee Compliance:

Are you willing to require your employees to be subjected to site, project, or Owner specific drug and/or alcohol testing programs?

# Company Associations:

(You may use the "Additional Blank Pages" at the end of this form as needed, or include your own documents.)

1. Has your company:
* Been required to issue joint party checks to you and your suppliers or subcontractor?

If yes, include a brief explanation of each. You can use "Additional Blank Pages" at the end of this form *.*

* Been assessed liquidated damages for late completion of a project within the last three (3) years?

If yes, include a brief explanation of each.

* Been associated with or worked for SanDow Construction, Inc. Corp. under your current or another company name?

If yes, under which company name?

* Previously worked on a SanDow Construction, Inc. Corp. project?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

If yes, list up to five (5) most recent projects. 1.

Add additional pages if desired.

2.

3.

4.

5.

# Financial:

|  |  |  |  |
| --- | --- | --- | --- |
| 17. Projected Annual Sales: | $ | 18. Current Uncompleted Backlog | $ |

1. Are you willing to provide the following information, if required?
	1. An annual financial statement prepared within the 12 months prior to the prequalification request by an independent licensed accounting firm; and the name, address, contact person and phone

number of the bank normally used by the Bidder for its primary banking;

* 1. A financial report generated from Standard and Poor, Dun and Bradstreet or a similar company acceptable to SanDow Construction, Inc. Corp. documenting the financial condition of the Bidder; and the name, address, contact

person and phone number of the bank normally used by the Bidder for its primary banking;

Yes No

Yes No

# Signature:

I certify that the information in this questionnaire is correct and complete.

Name of Company Principal (print)

Signature of Company Principal Date

Thank you for completing the Subcontractor Prequalification Questionnaire for SanDow Construction, Inc. Corp.

LOGO

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Additional blank page

Please precede your responses with the question number you are addressing.