

SUBCONTRACTOR/VENDOR QUALIFICATION

(Completion of this Prequalification Form is Required of ALL Subcontractors/Vendors on an Annual Basis)

GENERAL COMPANY INFORMATION:

Legal Company Name:	
Street Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Main Office Phone:	Main Office Fax:
Contractor Registration No:	State Tax No (UBI):
Employment Security Dept. No:	State Excise Tax Registration No:
DUNS No:	US Central Contractor Registration No:
Industrial Insurance Coverage for All Employees: Yes <input type="checkbox"/>	Medical Benefits for Employees over 6 mos: Yes <input type="checkbox"/> No <input type="checkbox"/>
Union Contractor: Yes <input type="checkbox"/> No <input type="checkbox"/>	Company Paid Retirement for Employees over 6 mos: Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialty Performance Bond - minimum \$15,000 Yes <input type="checkbox"/> No <input type="checkbox"/>	
D/B/A:	Parent Company:
Company Organization: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>	
Date of Origination:	Other/Former Names:
Principle or Owner:	
Phone:	Email:
General Manager/Project Manager	
Phone:	Email:
Accounting/Financial Contact	
Phone:	Email:

BONDING | SURTEY INFORMATION

Surety Name:	
Bonding Agent Company/Contact Name:	
Mailing Address:	City, State, Zip:
Phone No:	Fax No:
Payment & Performance Bond Capacity Per Job:	Payment & Performance Bond Capacity Aggregate:
Bond Premium Rate:	Date of Last Bond Issued:

Has your company or any of its owners, officers or major shareholders currently involved for bankruptcy, been terminated on a contract or failed to complete work awarded in? Yes No

If YES, Explain: _____

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation or have any outstanding judgements or claims against it? Yes No

If YES, Explain: _____

Has your company had any OSHA claims in the past three years? Yes No

If YES, Explain: _____

Does your company have a written safety program? Yes No

INSURANCE: Please indicate your current policy limits for each of the following coverages:

Description	Maximum \$ Limit	Carrier Underwriter	Deductible S.I.R.	Expiration Date
General Liability				
General Aggregate	_____	_____	_____	_____
Each Occurrence	_____			
Products – Completed Ops	_____			
Personal & Advertising Injury	_____			
Automobile Liability (Any Auto)				
Washington Stop Gap (ER Liability)				
Excess Umbrella Liability				
Professional Liability				
Contractors Pollution Liability				
Does this policy specifically include coverage for mold /fungi (microbial matter) related claims Yes <input type="checkbox"/> or No <input type="checkbox"/>				

List employees who have received SustainableWorks training and will work on SW projects (optional)

Name	Craft	SustainableWorks Training Completed
		<input type="checkbox"/> Energy Systems <input type="checkbox"/> Auditor <input type="checkbox"/> Weatherization <input type="checkbox"/> Apprentice Safety Training <input type="checkbox"/> Other Trades
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I certify that all answers on this application are true and accurate to the best of my knowledge.

Signed by:	Date:
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