



# Subcontractor Prequalification Packet

## **WELCOME TO HGC CONSTRUCTION!**

Please fill out the attached Subcontractor Information Packet and submit to [subs@hgcconstruction.com](mailto:subs@hgcconstruction.com)

If you have any questions, please contact Erica Waldon: [ewaldon@hgcconstruction.com](mailto:ewaldon@hgcconstruction.com)

Thank you!



## PREQUALIFICATION APPLICATION

### GENERAL INFORMATION

Company name:		Date:	
Phone:	Fax:	E-mail:	
Main Office Address:			
City:		State:	ZIP Code:
Website:			
Sole Proprietorship	Partnership	Corporation	Other:
Year Company Started:		State of Inc.:	Date of Inc.:

### REQUIRED ATTACHMENTS

W-9
EMR VERIFICATION
PREVIOUS (3) YEARS OSHA 300A LOGS

### MAIN ACCOUNTING CONTACT

Name:	Phone:	Fax:
Position:	Email:	

### BID CONTACT

Name:	Phone:	Fax:
Position:	Email:	
Cell:		

### CORPORATE OFFICERS

Name:	Phone:
Position:	Fax:
Percent Owned:	Email:

Name:	Phone:
Position:	Fax:
Percent Owned:	Email:

### GEOGRAPHIC WORK AREAS – LOCAL AREA NAME

Please list primary CSI codes:
1.
2.
3.



## SAFETY INFORMATION

### SAFETY DIRECTOR CONTACT

Name:	Phone:	Fax:
Email:		

### OSHA Recordable Incident Rate

List your firm's Total OSHA Recordable Incident Rate for 2015:	
List your firm's Total OSHA Recordable Incident Rate for 2016:	
List your firm's Total OSHA Recordable Incident Rate for 2017:	

### SAFETY QUESTIONNAIRE

Does your company have a qualified person responsible for safety within your Company? YES					NO
Does this person do safety inspections on all of your projects? YES					NO
If yes, how often are these inspections? DAILY WEEKLY MONTHLY QUARTERLY YEARLY					
Do you maintain a site-specific program addressing fall hazards? YES					NO
Does your company have a written Company Safety Policy and Program? YES					NO
Does your company require documented safety meetings for your employees? YES					NO
Indicate how often: DAILY WEEKLY MONTHLY QUARTERLY YEARLY					
Does your company provide safety training for all employees? YES					NO
If yes, describe training provided:					
Does your company have a program recognizing your employees for safety excellence? YES					NO
Does your company have a disciplinary program in place for safety violations? YES					NO
Does your company review the safety management system of your sub-contractors? YES					NO
Does your company conduct accident/incident investigations? YES					NO
Does your company have a substance abuse policy? YES					NO
If yes, please indicate which are included in your policy:					
Pre-hire/Initial Employment	YES	NO	Cause	YES	NO
Post-Accident/Incident	YES	NO	Random	YES	NO



## FINANCIAL INFORMATION

### Largest Contract Completed

Name:	Year:	Amount:	Scope:
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### Expected annual volume this year 20

Amount:	Number of projects:
Percent of work normally subcontracted:	%

### Average annual volume of work performed over the past five years

20	Average volume:
20	Average volume:
20	Average volume:

### Banking General Information

Bank Name:		
Line of Credit: \$	Available: \$	Expires:
Remarks:		
Contact Name:		
Phone:	Email:	

## BONDING / SURETY INFORMATION

Surety Company Name:		Surety Broker Name:	
Bonding Capacity Per Job: \$		Aggregate: \$	
Date of Last Bond:		Bond Rate:	
Contact Name:			
Phone:		Email:	

## INSURANCE INFORMATION

### Workers Compensation and Employer's Liability Information

Do you have Kentucky Workers' Compensation?		YES	NO
Do you have Ohio Workers' Compensation?		YES	NO
Other State Coverage for Workers' Compensation	State:	State:	State:



## LEGAL INFORMATION

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, enter explanatory notes:

Have any of the owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? YES NO

If yes, enter explanatory notes:

Has your Company or any of the owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency? YES NO

If yes, enter explanatory notes:

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, enter explanatory notes:

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? YES NO

If yes, enter explanatory notes:

Does your Company have any outstanding judgments or claims against it? YES NO

If yes, enter explanatory notes:

Has your company or any of the owners, officer or major stockholders ever been investigated for, or charged with, alleged labor law violations including alleged violations of Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local or state labor laws? YES NO

If yes, enter explanatory notes:

Please list any litigation brought against your Company in the past five years asserting that you failed to make payment to anyone.

## DISADVANTAGED BUSINESS STATUS

Does your company have a disadvantaged business status certification? YES NO

Please list:

A copy of each certification must be included with application.



## CREDIT REFERENCES

### Major Supplier

Company:		Contact:	
Main Office Address:		City:	
State:	Zip:	Phone:	
Fax:	Email:		
Notes:			

### Other

Company:		Contact:	
Main Office Address:		City:	
State:	Zip:	Phone:	
Fax:	Email:		
Notes:			

### Other

Company:		Contact:	
Main Office Address:		City:	
State:	Zip:	Phone:	
Fax:	Email:		
Notes:			

## SIGNATURE

We have attempted to answer all questions in a 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 HGC Construction Co. 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.

Name of Company:

Completed by:

Signature:

Title:

Date: