



# Subcontractor Prequalification Packet

## **WELCOME TO HGC CONSTRUCTION!**

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

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

Thank you!

# PREQUALIFICATION APPLICATION



**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
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
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
Post-Accident/Incident	YES	NO	Random



**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:	