

## Subcontractor Prequalification Form

*Gathering information on potential subcontractors*

### Introduction

AdvanceTEC conducts a rigorous qualification process for selecting our certified contractors. To enable us to gain a more complete knowledge of your company and better match future opportunities to your company's capabilities, please complete and return this prequalification packet.

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### Form Submission

This document can be uploaded on our website (preferred) via the Contractor Qualification page of located in the Contractor Corner section. Alternatively, it can be emailed, mailed or faxed to:

**AdvanceTEC**

11300 Business Center Drive | Richmond, VA 23236

Fax: 804-378-4055 | Email: [Contractors@AdvanceTECLLC.com](mailto:Contractors@AdvanceTECLLC.com)

### Questions

If you have any questions, please email us at [Contractors@AdvanceTECLLC.com](mailto:Contractors@AdvanceTECLLC.com) or call 804-378-1550.

## 1. General Information

Company name	
Person completing this form	
Project reference	
Date of response	

## 2. Company Information

Company name			
Street			
City, State Zip			
Is this address the:	<input type="checkbox"/> Main Office	<input type="checkbox"/> Regional office	<input type="checkbox"/> Branch office
Tel.			
Fax			
Website			

Year company started				
Company type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sub S Corp.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
State of incorporation				
Date of incorporation				

Average number of employees	Current number of employees	Home office:	Field supervisory:	Tradespeople:
	1 year ago	Home office:	Field supervisory:	Tradespeople:
	2 years ago	Home office:	Field supervisory:	Tradespeople:
	3 years ago	Home office:	Field supervisory:	Tradespeople:

Under what other names has your company operated?

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### 3. Contact Information

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Contact 1		Contact 2	
Name	<input type="text"/>	Name	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Tel.	<input type="text"/>	Tel.	<input type="text"/>
Cell	<input type="text"/>	Cell	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

### 4. Parent, Subsidiaries and Affiliates

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#### A. Parent

Parent company name	<input type="text"/>
Street	<input type="text"/>
City, State Zip	<input type="text"/>
Tel.	<input type="text"/>
Fax	<input type="text"/>
Website	<input type="text"/>

#### B. Subsidiaries and Affiliates

Company name	Ownership	Type of company
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5. Company Ownership

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List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your company:

Name	Year of birth	Position	% Owned

## 6. Personnel

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List key office personnel and field supervisors:

Name	Position	Year of birth	Experience (yrs.)	Previous Employer

**NOTE:** Attach resumes for each of the above individuals.

List Professional Engineers in your company staff:

Name	Position	PE Stamp Held Mech, Elec, etc	Experience (yrs.)	State PE Stamps are Current

Additional comments

## 7. Project Experience

### A. Trades

Trade(s) interested in bidding	Performed with own forces	Subcontracted
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What percent of your company's work is normally subcontracted?

 %

What geographical areas do you work in?

### B. Certifications, Licensure and Identification

Check appropriate certifications

 MBE

 WBE

 DBE

MBE/WBE/DBE Certified by

**NOTE: Attach copies of all certifications.**

Contractor's license number

State:

Expiration:

State sales tax registration number

State unemployment insurance number

Federal ID number

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

**NOTE: Attach lists as needed for the above items.**

### C. Project Size and Type

Enter 1 to indicate the size of project you are most competitive in performing. Enter 2-5 in order of preference for other size projects you are capable of performing:

Under \$100,000	<input type="text"/>
\$100,000 - \$200,000	<input type="text"/>
\$200,000 - \$500,000	<input type="text"/>
\$500,000 - \$1,000,000	<input type="text"/>
\$1,000,000 - \$3,000,000	<input type="text"/>

Check all project types on which your company has worked:

- |                    |                          |                            |                          |
|--------------------|--------------------------|----------------------------|--------------------------|
| Semiconductor      | <input type="checkbox"/> | Biotech                    | <input type="checkbox"/> |
| Microelectronics   | <input type="checkbox"/> | Pharmaceutical             | <input type="checkbox"/> |
| Telecommunications | <input type="checkbox"/> | High Tech/Laboratories     | <input type="checkbox"/> |
| Hospital           | <input type="checkbox"/> | Food                       | <input type="checkbox"/> |
| Institutional      | <input type="checkbox"/> | Design Build/Design Assist | <input type="checkbox"/> |

What is the largest contract your company has completed?

Project name and scope	
Amount	\$
Year	

What is the largest dollar volume job your company expects to do during this year?

Project name and scope	
Amount	\$

What is your expected annual volume this year?

\$	Projects:
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What was the average annual volume of work performed over the past 5 years?

Year	Volume (projects)

## D. Cleanroom Experience

In the last two years, how many projects:

	2007	2008
Did you construct under build clean protocol conditions?		
Did you construct that were validated or built under cGMP guidelines?		

**Provide a brief description of the projects noted above built under build clean protocol.**

**Provide a brief description of the projects noted validated or built under cGMP guidelines.**

Provide a brief description of projects similar in scope to the project you are pre-qualifying for:

### E. Major Projects

NOTE: Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. Also include client contact names and phone numbers.

NOTE: Attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. Also include client contact names and phone numbers.

Additional comments

## 8. Suppliers, Contractors and Associations

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### A. Suppliers

List three of your major suppliers:

Supplier 1 name	
Contact	
Street	
City, State Zip	
Tel.	

Supplier 2 name	
Contact	
Street	
City, State Zip	
Tel.	

Supplier 3 name	
Contact	
Street	
City, State Zip	
Tel.	

## B. Contractors

List three contractors that you do business with:

Contractor 1 name	
Contact	
Street	
City, State Zip	
Tel.	

Contractor 2 name	
Contact	
Street	
City, State Zip	
Tel.	

Contractor 3 name	
Contact	
Street	
City, State Zip	
Tel.	

### C. Associations

List key trade association memberships:

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List local or national accredited training programs in which you participate (craft or management training):

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Additional comments

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## 9. Safety

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### A. Workers' Compensation

Please list your company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years.

Interstate (Yr./Rate)

Year	Rate	Year	Rate	Year	Rate

Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

Year	Rate	Name	Year	Rate	Name	Year	Rate	Name

**NOTE:** Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

**NOTE:** Subcontractors must have a current EMR less than or equal to 1.0 to qualify as an AdvanceTEC subcontractor. Should your EMR exceed 1.0, the contractor must provide a detailed explanation as to why the EMR is greater than 1.0 and demonstrate and document that it has initiated programs, policies, and attitudes which will result in a safety conscious performance. In this case, it is the sole discretion of AdvanceTEC to approve or disapprove a subcontractor. Additionally, our contractual obligation to upper tier contractors may preclude our firm from further considering such.

## B. OSHA

Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs.)

	Last Year	2 Years Ago	3 Years Ago
Year			
Number of fatalities			
(Total columns 1 & 8)			
Number of lost and restricted workday cases			
(Total columns 2 & 9)			
Number of medical treatment cases			
(Total columns 6 & 13)			
Number of lost workday cases			
(Total columns 3 & 10)			
Employee hours worked			
OSHA Recordable incidence rate			
OSHA Lost workday incidence rate			
OSHA Violation(s) received			

### NOTES:

- Items in parenthesis come from your OSHA 200 Log.
- Recordable incidence rate =  $[(A+B+C) \times 200,000 / \text{employee hours worked}]$ .
- Lost workday incidence rate =  $[(D) \times 200,000 / \text{employee hours worked}]$ .
- Employee hours worked = total number of hours worked during the year by all employees.

## C. Safety Leadership and Policies

Do you have a qualified person responsible for safety within your company? If yes, describe this person's qualifications:

 Yes

 No

If yes, does this person do safety inspections on all of your projects? If yes, at what frequency?

 Yes

 No

Do you have a written Company Safety Policy and Program? If yes, will you provide copies if requested?  Yes  No

 Yes

 No

Does your Company have a substance abuse policy? If Yes, please check which are included in the policy?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Pre-hire / initial employment	<input type="checkbox"/> Random
<input type="checkbox"/> Cause	<input type="checkbox"/> Periodic
<input type="checkbox"/> Post accident / incident	

Has your company ever implemented 100% fall protection?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If requested, can you provide us with a site-specific program addressing the fall hazards in your work?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you require documented safety meetings for your employees? If yes, Indicate which, and how often below.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	Field supervisors	New hires	Employees	Subcontractor / vendor
Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency				

Does your company set annual safety goals?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your company have a program recognizing your employees for safety performance excellence? If yes, please list training provided.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your company review the safety management systems of your sub-subcontractors?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is your company willing to adopt AdvanceTEC's or a Project Specific Safety Program at no additional cost to AdvanceTEC or the Owner? If no, please explain:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee name	OSHA 30 hour date of certification

Additional comments

## 10. Financial

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If requested will your firm provide a copy of audited financial statements for AdvanceTEC to further evaluate your firm's ability to perform work on this or other projects? Note that your financial statements would be strictly for AdvanceTEC use and will be treated confidentially.

Yes

No

Bank name	<input type="text"/>
Contact	<input type="text"/>
Street	<input type="text"/>
City, State Zip	<input type="text"/>
Tel.	<input type="text"/>

Dunn & Bradstreet No.	<input type="text"/>
D&B rating	<input type="text"/>
Pay record	<input type="text"/>
Date of rating	<input type="text"/>

Additional comments

## 11. Bonding

Bonding company		
Name of surety		
Key contact		
Tel.		
Bonding capacity	Per job:	Aggregate:
Last bond	Date:	Amount: \$
Bond rate	%	
Available capacity		

Please list the persons or entities who provide indemnification to your Surety:

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Additional comments

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## 12. Insurance Information

### A. Agent / Broker

Company		
Contact		
Tel.		

### B. Commercial General Liability

Insurance carrier		
Policy form	Occurrence	Tail coverage
	Claims made	Tail coverage      years
Any exclusions from standard CGL policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General aggregate	Current \$	Max. obtainable \$
Products-comp/op agg.	Current \$	Max. obtainable \$
Personal/adv. injury	Current \$	Max. obtainable \$
Each occurrence	Current \$	Max. obtainable \$

Fire damage (any one fire)	Current \$	Max. obtainable \$
Med. exp (any one person)	Current \$	Max. obtainable \$
Deductible	\$	

### C. Excess Liability

Insurance carrier		
Policy form	Umbrella: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Each occurrence	Current \$	Max. obtainable \$
Aggregate	Current \$	Max. obtainable \$

### D. Worker's Compensation and Employer's Liability

Insurance carrier	
Limits	\$
E.L. each accident	\$
E.L. disease-policy limit	\$
E.L. disease-each employee	\$

### E. Automobile Liability

Insurance carrier		
Combined single limit	Current \$	Max. obtainable \$
Bodily injury (per person)	Current \$	Max. obtainable \$
Bodily injury (per accident)	Current \$	Max. obtainable \$
Property damage	Current \$	Max. obtainable \$

### F. Professional Liability Insurance

Insurance carrier		
Office policy	Limit \$	Deductible \$
Project specific limit available	\$	Extended reporting period (tail):      years
	Prior acts: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional comments

### 13. Contracts, Judgments and Litigation

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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? If yes, please explain below.

Yes  No

Has your company ever failed to honor a bid or failed to sign a contract due to an improper bid submission, or withdraw a bid prior to award for same? If yes, please explain below.

Yes  No

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? If yes, please explain below.

Yes  No

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? If yes, please explain below.

Yes  No

Does your company have any outstanding judgments or claims against it? If yes, please explain below.

Yes  No

Has your company ever failed to procure a requested bond for a project? If yes, please explain below.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has your company had any litigation brought against it in the past five (5) years asserting that you failed to make payments to anyone? If yes, please explain below.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List unions which you have agreements with:

Local number	Union name	Agreement expiration

Additional comments

## 14. Accuracy of Responses

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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 AdvanceTEC will be relying on the accuracy of the information and our responses in this form in deciding whether to permit us to bid and in awarding work to our company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of two thousand and \_\_\_\_\_.

Company Name	
Completed by	
Title	

\_\_\_\_\_ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public	
My commission Expires	

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