

Subcontractor Prequalification Checklist

Company Information & Credentials

Legal Company Name	
Write something	
Doing Business As (DBA) Name (if applicable)	
Write something	
Company Address	
Write something	
Years in Business	
Enter a number	

Business Structure Sole Proprietorship Partnership Limited Liability Company (LLC) Corporation Other
Copy of Business License/Registration License/Registration
Federal Tax ID (EIN)
Write something
Brief Description of Company's Core Business & Services Offered
Write something
inancial Stability
ssessment of the subcontractor's financial health and ability to complete projects.
Annual Gross Revenue (Last 3 Years)
Enter a number

Current Assets
Enter a number
Current Liabilities
Enter a number
Working Capital
Enter a number
Date of Last Financial Statement
Enter date
Submit Financial Statements (e.g., Balance Sheet, Income Statement) 4 Upload File
Credit Rating (if available)
Excellent
☐ Good ☐ Fair
Poor
☐ Not Applicable

Write something		
vviite Something		
surance &	Bonding	
пштацоп от аррг	priate insurance coverage and bonding capacity.	
General Liability	nsurance Coverage Limit (\$)	
Enter a number		
Workers' Compe	sation Insurance Coverage Limit (\$)	
Enter a number		
Automobile Liab	ity Insurance Coverage Limit (\$)	
Enter a number		
Enter a number		
Type of Workers'	Compensation Coverage	
State Fund	sompensation coverage	
Private Insurance		
Self-Insured		
Certificate of Ins	rance (COI)	
Sertificate of fils		
♣ Upload File		

Bond Type Required	
Performance Bond	
Payment Bond	
Bid Bond	
None Required	
Bonding Capacity (\$)	
Enter a number	
Safety Record & Program	
valuation of the subcontractor's safety performance and ir	npiemented safety program.
Lost Time Incident (LTI) Rate (Past 3 Years)	
Enter a number	
Total Recordable Incident Rate (TRIR) (Past 3 Years)	
Enter a number	
Description of Safety Program (including training, haincident reporting)	zard identification, and
Write something	
	J
	<i></i>
Copy of Safety Manual	

Safety Training Programs Offered (Check all that apply)
OSHA 10-Hour
OSHA 30-Hour
Fall Protection
Confined Space Entry
First Aid/CPR
Other (Specify in long text field)
Date of Last Safety Program Review
Enter date
actions Write something
Experience & References eview of project history and feedback from previous clients.
Describe 3-5 relevant construction projects completed within the last 5 years.
Write something

Types of projects typically undertaken (select all that apply) Residential Commercial Industrial Healthcare Educational Government
Years of experience in the construction industry: Enter a number
Please provide project portfolio/resume showcasing relevant experience. Upload File
Provide contact information (Name, Phone Number, Email) for 3 references from previous clients. Write something
Typical Project Size Range (based on contract value) Under \$10,000 \$10,000 - \$50,000 \$50,000 - \$250,000 \$250,000 - \$1,000,000 Over \$1,000,000

Quality Control & Assurance

White compething		
Write something	ng	
Vhat QC pro	cesses are utilized?	
Inspections		
Testing		
Audits		
Documentati	on Reviews	
Third-Party \	/erification	
Enter a numbe	er	
Provide a sar	nple Quality Control checklist or form used on previous projects	
♣ Upload File		

Legal Compliance & Regulatory Adherence

Verification of compliance with relevant laws, regulations, and licensing requirements.

Business License Status Active Inactive Pending
Copy of Business License License Upload File
Registration with Relevant Authorities (e.g., Contractor State License Board) Registered Not Required Exempt
Copy of Registration Documents (if applicable) L Upload File
Workers' Compensation Insurance Coverage Compliant Non-Compliant Not Applicable
Workers' Compensation Insurance Policy Number Enter a number

Write something	
ate of Last Legal Compliance Audit	
Enter date	
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Resumes/CVs of Key Project Personnel (e.g., Project Manager, Foreman, Lead Technician)



Are personnel certified for specific tasks (e.g., Welding, Confined Space Entry)? Yes No N/A
List of Relevant Certifications Held by Personnel (Select all that apply) OSHA 30 First Aid/CPR Certified Welder LEED AP Other (Specify in Long Text)
If 'Other' was selected for certifications, please specify. Write something
Expiration Date of Key Personnel's Primary Certification (e.g., OSHA 30) Enter date
Equipment & Resources Evaluation of the subcontractor's equipment, tools, and resources to adequately perform the work.
Number of Owned/Leased Excavators Enter a number

Number of Skilled Operators (Certified)	
Enter a number	
List of Standard Equipment & Tools (provide de	tails)
Write something	
Equipment Inventory List (PDF/Excel) Light Upload File	
Equipment Maintenance Program - Description	
Equipment Maintenance Program - Description Formal Program	
Formal Program	
Formal Program Informal/Ad Hoc	ee

Contractual & Legal Review

Review of agreements and legal documentation.

Upload File Describe any prior legal disputes or claims (including details and resolution). If none, state 'None'. Write something... Does the subcontractor agree to be bound by the Prime Contract's terms and conditions? Yes No Does the subcontractor have a written conflict of interest policy? ☐ Yes ☐ No Describe the subcontractor's process for handling change orders and claims. Write something... Maximum allowable deviation from agreed upon payment terms (in days) Enter a number...

Current Business License (PDF)

Enter date		