

Please complete the form below and email (form and all attachments) to PreQual@Tecindustrial.Com If all items are not submitted, the review process will be stalled and your prequalification deemed incomplete. Please note that this is only our minimum requirements. Additional information may be requested due to the type of work to be performed.

SUBCONTRACTOR PREQUALIFICATION

Date PreQualification Completed Please note that you will have to resubmit and/or update your information annually.

GENERAL COMPANY INFORMATION

Company's Legal Name
Mailing Address
Street Address
Phone Fax
Website
Estimating Contact Title
E-Mail Address

Type of Company C Corporation S Corporation Partnership
 Sole Proprietor LLC Other
Is your firm an inverted domestic corporation? Yes No See 6 U.S.C. 395 for definition
Are there any affiliated subsidiaries? Yes No
If yes, please name them _____
Is your firm owned or controlled by another Yes No
If yes, please enter name of parent organization _____
Is your firm a subsidiary of an inverted domestic corporation? Yes No See 6 U.S.C. 395 for definition
State Sales Tax Registration No. _____
State Unemployment Insurance No. _____
Union or Open Shop? Union Open Shop Both - Union & Open Shop
Total current number of employees _____
Business Enterprise Status (ie-Small Disadvantaged Business, Veteran Owned, Women Owned, etc.): WOSB VOS SD SDVO HubZone
Certifying Agency: _____
*Please attach copies of all certifications regarding your status listed above.
Preferred Project Size \$25k-\$250k \$251k - \$500k \$1M \$2M \$5M+
List the geographical areas in which you work _____
List the trades you normally self-perform. _____
What percentage of your work is normally subcontracted? _____ %
Does your company receive ACH Payments for Services? Yes No

CONTRACTOR'S LICENSE(S) FOR STATES YOU ARE PROPOSING TO WORK IN

State: License No.: _____
State: License No.: _____
State: License No.: _____
State: License No.: _____

COMPANY'S PRINCIPALS

Name Title: _____
Name Title: _____
Name Title: _____
Name Title: _____
Name Title: _____

SURETY INFORMATION

Current Surety Company _____
Broker Agent Name _____ Phone No. _____
Single Project Bonding Capacity \$ _____
Aggregate Bonding Capacity \$ _____

ENVIRONMENTAL

Does your company have a written environmental policy? Yes No
Have you ever received an environmental citation? Yes No
If yes, please explain. _____

SAFETY INFORMATION (ATTACH OSHA 300 LOGS & EMR WORKSHEETS)			
Company Safety Professional:			
Title:			
Telephone:			
Email:			
Total # of full time employees:		Total # of part time employees:	
OSHA 300 Information (Entire Company)	Current Year	Previous Year	2 Years Prior
A. OSHA Recordable Incident Rate			
B. Lost Time Incident Rate			
C. Number of Recordable Injury Cases			
D. Number of Lost Time Incidents/Illnesses			
E. Number of Days Away from Work			
F. Number of Fatalities			
G. Total Employee Hours Worked			
*** Note: For A&B use the formula: Incidents multiplied by 200,000 then divided by # of Employee Hours Worked.			
Experience Modification Rate (EMR)	Current Year	Previous Year	2 Years Prior
Has your company received any OSHA citations in the last 3 years? **Please provide details on an attachment, including what you've done to prevent another occurrence.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have corporate safety goals and objectives?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have a Health & Safety Manual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
*** Include copy of Health & Safety Manual			
Do your supervisors hold safety meetings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, how often?			
Does your company provide job appropriate PPEs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you conduct field safety inspections to determine compliance with applicable federal, state, local and company regulations/procedures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, who performs the inspection?			
Are Inspection reports, including vehicular and equipment, generated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, who generates the report and how often?			
Do you have a follow-up system to track items identified during safety inspections?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have a documented pre-job or new employee occupational safety & health orientation program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have a documented occupational safety & health training program for newly hired or promoted first line supervisors or foremen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, who conducts training (name, title)?			
Please check all elements below that are delivered by your training program			
Injury/Incident/Near-Miss	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Emergency Procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
First Aid Procedures	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Hazard recognition	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Incident Reporting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Job Hazard Analysis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Respiratory Protection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Safety Tailgates	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does your company have a Drug Free Workplace Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does this program include the following testing?			
Pre-Employment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Random	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Post Incident	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Reasonable suspicion	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does your company conduct and document injury, incidents, and near-miss investigations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, who conducts the investigations? (name, title)			
Does your company employee background checks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are your employees Q Clearanced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

LEGAL	
Any active litigation with Owners/Other Contractor	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Any judgments against you in the last three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Has your company ever been assessed liquidated damages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Any labor law violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Have you ever defaulted or failed to complete a contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Have you ever been terminated from a contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Have you had your license suspended/revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Has your firm ever been debarred from working on a Government project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain.	
Has your firm ever filed for Bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain and list the year.	
SIGNIFICANT PROJECT HISTORY (ATTACH COPY)	
Please attach a list of 5 significant projects within the last 3 years to include volume, scope of work and contract amount.	
INSURANCE INFORMATION (ATTACH SAMPLE COI)	
Insurance requirements will vary from client-to-client and potentially project-to-project. Please note that you will be required to name T E C Industrial and the owner as Additionally insured. Please attach your standard COI.	
Insurance Broker Name:	
ADDITIONAL INFORMATION (OPTIONAL)	
Please provide any additional information you may feel is beneficial in our evaluation process.	
CUSTOMER REFERENCES	
Please list three (3) customer references.	
Company Name:	
Contact Name :	Title/Position:
Phone Number:	Email:
Company Name:	
Contact Name :	Title/Position:
Phone Number:	Email:
Company Name:	
Contact Name :	Title/Position:
Phone Number:	Email:

SAMPLE SUBCONTRACT

Along with this prequalification document, you will find a Sample T E C Industrial Subcontract attached. Depending on the project or owner, additional terms, conditions and flowdown clauses may apply.

Do you agree to the subcontract as written? YES NO If no, please attach redlined subcontract.

REQUIRED ATTACHMENTS CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Insurance Certificate | <input type="checkbox"/> Audited Version of Most Recent Year's Financial Statement |
| <input type="checkbox"/> Project Experience - 5 Examples | <input type="checkbox"/> OSHA 300 Logs & EMR Worksheet |
| <input type="checkbox"/> Health & Safety Manual | <input type="checkbox"/> OSHA Citation Description, if Required |
| <input type="checkbox"/> W-9 | <input type="checkbox"/> Redline of Sample Subcontract, if Required |

DOD CYBER SECURITY COMPLIANCE

If your company is providing goods and/or services in support of a Department of Defense project, Defense Federal Acquisition Regulation Supplement (DFARS) 252.204- 7012, which mandates the protection of all Covered Defense Information (CDI) that are “collected, developed, received, transmitted, used, or stored by or on behalf of the contractor in support of the performance” of a DOD contract that contains such clause will be applicable.

Please check the appropriate box:

Our Company is aware of the DFARS 252.204-7012 obligation.

Our Company is not aware of the DFARS 252.204-7012 obligation, and does not intent to be compliant

PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION

Name

Title:

Signature:

Date: