



### Subcontractor Pre-Qualification Worksheet

Subcontractor prequalification is an integral part of our risk management program and a prerequisite for working with E-Corp Construction. Please complete the enclosed subcontractor prequalification questionnaire to help us better understand your operational capabilities, safety record, and liquidity. With the information provided, we establish an aggregate contractual threshold limit and update our estimating database for consideration on future projects.

As part of this submission, we require a recent balance sheet showing your current assets, current liabilities, and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only reviewed by our management personnel and President.

#### I. COMPANY INFORMATION

- a. Company Legal Name \_\_\_\_\_
- b. Subsidiaries and divisions: \_\_\_\_\_
- c. Address: \_\_\_\_\_  
City: \_\_\_\_\_
- d. Phone: \_\_\_\_\_
- e. E-Mail Address: \_\_\_\_\_
- f. Description of trade/scope: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Fax: \_\_\_\_\_
- g. Federal Tax ID #: -----
- h. Contractor's License Number: State: \_\_\_\_\_ Classification: -----
- i. States and/or Service Region where your firm is willing to do business: \_\_\_\_\_
- j. Company type Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_  
Wholly Owned Subsidiary \_\_\_\_\_ Joint Venture \_\_\_\_\_
- k. Parent Company Name (if applicable) \_\_\_\_\_
- l. Year founded: \_\_\_\_\_ Fiscal year ending: \_\_\_\_\_
- m. Non-Union \_\_\_\_\_ Union \_\_\_\_\_ Name of union: \_\_\_\_\_
- n. Average number of employees: Office: \_\_\_\_\_ Field: \_\_\_\_\_
- o. Officers and Owners (list all officers and all owners with greater than 10% ownership): \_\_\_\_\_
- p. Business references:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Project: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Project: \_\_\_\_\_
- q. Has your firm gone through an ownership change in the last 12 months?  
\_\_\_\_ No \_\_\_\_ Yes If yes, please explain \_\_\_\_\_



**II. SAFETY INFORMATION**

- a. Provide your worker's compensation experience modification factors for the last 3 years: \_\_\_\_\_
- b. Current: \_\_\_\_\_
- c. \_\_\_\_\_
- b. In the last 5 years, has your company been cited by OSHA for a "serious" or "willful" violation? No\_\_\_ Yes\_\_\_. If yes, please explain: \_\_\_\_\_

**III. FINANCIAL INFORMATION**

- a. Dun & Bradstreet #: \_\_\_\_\_
- b. Current Backlog (\$) \_\_\_\_\_
- Current Number of Projects in Progress \_\_\_\_\_
- Average Contract Size \_\_\_\_\_
- Largest Contract in past 36 months \_\_\_\_\_
- Number of LEED projects \_\_\_\_\_
- c. Name of Primary Bank: \_\_\_\_\_

**IV. SURETY AND BONDING**

- a. Surety Company (indicate if none): \_\_\_\_\_
  - b. Surety broker/agent Name: \_\_\_\_\_
  - c. Surety broker/agent Phone #: \_\_\_\_\_
  - d. Bonding Capacity: \_\_\_\_\_ Per Job Aggregate: \_\_\_\_\_
- Please provide a letter from your surety confirming your capacity and good standing.

**V. INSURANCE INFORMATION**

- a. Insurance Company: \_\_\_\_\_
- b. Contact Name/Phone: \_\_\_\_\_

**VII. MINORITY INFORMATION**

- a. Please check all that apply:
- MBE (minority business) \_\_\_\_\_
- AABE (African American Business) \_\_\_\_\_
- ABE (Asian American Business) \_\_\_\_\_
- HBE (Hispanic Business) \_\_\_\_\_
- NABE (Native American Business) \_\_\_\_\_
- b. Certification status:
- Not applicable \_\_\_\_\_



Self \_\_\_\_\_  
WBE (Women's Business) \_\_\_\_\_  
DBE (Disadvantage Business) \_\_\_\_\_  
SBE (Small Business) \_\_\_\_\_  
HUB (Historically Underutilized Business) \_\_\_\_\_  
D None of the above \_\_\_\_\_  
D Public \_\_\_\_\_  
D Private \_\_\_\_\_  
City: County: State: \_\_\_\_\_  
NMSDC Affiliates: (National Minority Supplier Development Council)

c. Provide a copy of your Minority Certification as an attachment, if applicable. Please submit your completed prequalification questionnaire and the required attachments to Linda Barry via e-mail at [linda@e-corp4u.com](mailto:linda@e-corp4u.com) or fax to (425)485-9109. •  
**If** you have any questions, please call (425) 458-9108.