# Subcontractor/Vendor Prequalification Form

Thank you for your interest in Equity, Inc. In order to develop a more complete knowledge of your company and better match future company opportunities to your company's capabilities please complete this form and return to:

**Equity Construction Solutions, LLC**
**4653 Trueman Blvd**
**Suite 200**
**Hilliard, Ohio 43026**
**Phone: 614-334-2900**
**E-mail:** mparrish@ecsbuilds.com *(preferred format)*

Please list the project you are quoting for or list "ALL" to be placed on master subcontractor list.

**Project Name:** _____

## Item 1. Company Description

**DUNS #:** _____

**Company Name:** _____

**Address:** _____

**Phone:** _____ **Fax:** _____

**Email:** _____ **Website:** _____

**Please Indicate if you are a "supplier", are "labor only", or you "supply & install":** _____

**Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2, 3 . . .) other size projects you can perform:**

| | | | |
|---|---|---|---|
| Under $100,000 | _____ | $3,000,000 - $6,000,000 | _____ |
| $100,000 - $200,000 | _____ | $6,000,000 - $9,000,000 | _____ |
| $200,000 - $500,000 | _____ | $10,000,000 - $15,000,000 | _____ |
| $500,000 - $1,000,000 | _____ | Greater than $15,000,000 | _____ |
| $1,000,000 - $3,000,000 | _____ | | |

**Indicate the number of building types on which your company has worked: (in the last 3 years)**

| | | | |
|---|---|---|---|
| High Rise Office Building | _____ | High Tech/ Laboratories | _____ |
| Sports/ Entertainment | _____ | Hospital | _____ |
| Mid Rise Office Building | _____ | Design Build/ Design Assist | _____ |
| Hotel/ Motels | _____ | Medical Office Building | _____ |
| Industrial Building | _____ | Retail | _____ |

## Item 2. Company Structure

**List the Corporate Officers, Partners/ Owners, and Proprietors:**

**Contact:** _____

Phone: _____ Cell: _____ Email: _____

**Contact:** _____

Phone: _____ Cell: _____ Email: _____

**Contact:** _____

Phone: _____ Cell: _____ Email: _____

**Financial Contact**

**Contact**: _____ **Title:** _____

Phone: _____ Cell: _____ Email: _____

**Bid Contact**

**Contact:** _____

Phone: _____ Cell: _____ Email: _____

Number of FULL TIME Associates: _____ Number of PART TIME Associates: _____

Number of OFFICE Associates: _____ Number of FIELD Associates: _____

**Trades your firm in interested in bidding:**

_____

_____

_____

_____

**Under what other names has your company operated? (in the last 3 years)**

_____

_____

## Item 3. Divisions of Work

**CSI Divisions of work your company performs:**

## Item 4. Experience

**Please list all current and relevant work:**

**Project Name:** _____

Project Owner: _____ Phone: _____

Architect: _____ Phone: _____

Contract Amount: _____ Year Completed: _____

**Project Name:** _____

Project Owner: _____ Phone: _____

Architect: _____ Phone: _____

Contract Amount: _____ Year Completed: _____

**Project Name:** _____

Project Owner: _____ Phone: _____

Architect: _____ Phone: _____

Contract Amount: _____ Year Completed: _____

**Project Name:** _____

Project Owner: _____ Phone: _____

Architect: _____ Phone: _____

Contract Amount: _____ Year Completed: _____

**Project Name:** _____

Project Owner: _____ Phone: _____

Architect: _____ Phone: _____

Contract Amount: _____ Year Completed: _____

**List 3 of your major suppliers:**

**A.**

**Company Name:** _____

Address: _____

Contact _____ Title: _____

Phone: _____ Email: _____

**B.**

**Company Name:** _____

Address: _____

Contact _____ Title: _____

Phone: _____ Email: _____

**C.**

**Company Name:** _____

Address: _____

Contact _____ Title: _____

Phone: _____ Email: _____

**List the trades you normally perform with your own forces and applicable License Numbers:**

| Trade | License Number |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Item 5. Financials

**Is your company capable of securing a bond if requested** Yes _____ No _____

**Name of Surety:** _____

**Contact/ Agent Name:** _____

**Contact Phone:** _____ **Email:** _____

**Bonding Capacity:**
**Per Project $** _____ **Aggregate: $** _____

**Date of Last Bond:** _____ **Amount of Last Bond:** _____ **Bond Rate (%):** _____

**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, please explain in box below:**

**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, please explain in box below:**

| |
|---|
| |

**Attach** a completed Surety Letter

**Upon request attach** a current financial statement, preferably audited, including your latest balance sheet and income statement. (A secure link will be sent and our CFO/ controller will be the only one with access).

**Attach** a copy of your current Certificate of Liability Insurance (evidentiary purposes only).

**Attach** a copy of your current Worker's Compensation Certificate or list policy number and expiration date on insurance certificate.

**Attach** a copy of your current year W-9.

## Item 6. Company Safety Record

**List your EMR ratings for the past three (3) years.**

2023: _____ 2022: _____ 2021: _____

**How many OSHA violation(s) has your company received in the last three years? (Year: # violations)**

2023: _____ 2022: _____ 2021: _____

**Any willful OSHA violation(s); use additional paper if necessary.**

**Yes**: _____ **No**: _____

**If yes, please give a brief description of the circumstances:**

_____

_____

**Do you have a qualified person responsible for safety within your company?**

**Yes:** _____ **No:** _____

**If yes, please describe his/her qualifications:**

---

**Does this person do safety inspections on all your projects?**

**Yes:** _____ **No:** _____ **Frequency:** _____

**Do you have a written Company Safety Policy and Program, and will you provide copies if requested?**

**Yes:** _____ **No:** _____

**Does your company have a substance abuse policy?**

**Yes:** _____ **No:** _____

**If requested, can you provide us with a site-specific program addressing the fall hazards and fall protection plan for your work?**

**Yes:** _____ **No:** _____

**Do you require documented safety meetings for your employees? Indicate which, and how often:**

| | | | |
|---|---|---|---|
| **Field Supervisors** | **Yes:** ____ | **No:** ____ | **Frequency:** ____ |
| **New Hires** | **Yes:** ____ | **No:** ____ | **Frequency:** ____ |
| **Employees** | **Yes:** ____ | **No:** ____ | **Frequency:** ____ |
| **Subcontractors / Vendors** | **Yes:** ____ | **No:** ____ | **Frequency:** ____ |

**Does your company provide safety training for all employees?**

**Yes:** _____ **No:** _____

**If yes, please describe training:**

---

**Does your company have a disciplinary program in place for safety violations?**

**Yes:** _____ **No:** _____

**Does your company review the safety management systems of your sub-subcontractors?**

**Yes:** _____ **No:** _____

**Does your company conduct accident / incident investigations?**

**Yes:** _____ **No:** _____

**Can / will your company, and any of your Subcontractors, provide field supervision (at least one English speaking) that can communicate clearly with Equity's field Superintendent and the employees engaged in work on Equity's projects?**

**Yes:** _____ **No:** _____

**List all supervisory employees who have completed an OSHA 30-Hour Training Program:**

**Please attach a copy of:**

- **Employee Name**
- **OSHA 30-Hour Date of:**
- **Certification**
    - **List of all employees certified for operating lift trucks:**
    - **List all competent persons for scaffold erecting / dismantling / daily inspections:**
    - **List all employees certified to act as safety monitors (roofers only):**
    - **List all employees with CPR / First Aid certification:**
    - **List all employees certified for crane operating/rigging:**

Equity Master Trade Contractor Agreement Form (please check one):

_____ I have read the Master Trade Contractor Agreement (MTC) and, on an attached separate paper, have included any exceptions that I would require.

_____ I have read the Master Trade Contractor Agreement (MTC) and will execute the standard form of contract without exceptions.

CERTIFICATIONS: (check if the following apply)

_____ MBE _____ WBE _____ DBE _____ VBE _____ EDGE _____ LEED

Certified by:

(***Please attach copies of any certifications that apply.***)

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 Equity, Inc. will rely 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: _____

Date: _____

***Signature & Print – must be an officer of the company***

***Signature:*** _____

***Print:*** _____

***Title:*** _____