



HAMANN CONSTRUCTION COMPANY
SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Name: _____

Contact Person: _____

Address, City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Federal ID#: _____

Type of work qualified to perform (masonry, steel, etc): _____

Year business started: _____ Number of Employees: _____

Have you ever failed to complete a project: [] Yes [] No (if yes, explain details below)

Details: _____

Have you ever failed to complete a project on time: [] Yes [] No (if yes, explain details below)

Details: _____

Have you ever had a contract terminated due to performance: [] Yes [] No (if yes, explain details below)

Details: _____

Current Contract Backlog: _____

SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET
Contractor's License(s)

State: _____ Number: _____

Estimating Contact: _____



SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET (continued)

Union/Signatory: [] Yes [] No Subcontractor: [] Vendor/Supplier: []

Business Type: [] Corporation [] Partnership [] LLC [] Sole Proprietor [] Other

Is your company owned or controlled by a parent or any other organization? [] Yes [] No
If yes, please describe on a separate sheet.

Is your company a certified: [] MBE [] WBE [] DBE [] VBE [] SBE
[] Native American [] Other _____ [] N/A

I. Legal Information

Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your firm or its officer or principals?: [] Yes [] No
If yes, please provide a complete explanation on a separate sheet

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?: [] Yes [] No
If yes, please provide a complete explanation on a separate sheet

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization? [] Yes [] No
If yes, please provide a complete explanation on a separate sheet.

II. References

Banking

Name and Branch: _____ Since: _____
City, State, Zip: _____
Contact Person and Phone Number: _____

Bonding

Bonding Company: _____ Since: _____
Surety Broker/Agent: _____ Since: _____
Contact Person and Phone Number: _____
Bonding Capacity – per project: \$ _____ Aggregate: \$ _____
Last Bond Issued – Date: _____ Amount: \$ _____ Rate: _____

Please attach a formal letter from your bonding company.



Insurance

General Liability Carrier: _____ Since: _____

Insurance Broker: _____ Since: _____

Contact Person and Phone Number: _____

Prior to commencement of Work on any individual Project, Subcontractor shall submit a Certificate of Insurance in favor of Contractor and an Additional Insured Endorsement (General Liability and Umbrella) as required hereunder.

Minimum Limits of Coverage Requirements:

1. Worker’s Compensation: Statutory to the limits required by law
2. Employers Liability: \$100,000.00
3. Contractor’s Liability Insurance shall be Comprehensive General Liability and Comprehensive Automobile Insurance:
 - a. Bodily Injury/Property Damage: \$1,000,000.00/2,000,000.00 (One Million Dollars per occurrence/Two Million Dollars annual aggregate) Combined Single Limit
 - b. Personal/Injury - \$1,000,000.00/\$1,000,000.00 (One Million Dollars/One Million Dollars)
 - c. Automobile – Owned/Non-owned/Hired
 - d. Bodily Injury/Property Damage: \$1,000,000 (One Million Dollars)
4. XCU Coverage – Remove exclusion
5. Umbrella Coverage: \$1,000,000.00 (One Million Dollars)

Supplier References (3)

Supplier Name and Location: _____

Contact Person and Telephone Number: _____

Supplier Name and Location: _____

Contact Person and Telephone Number: _____

Supplier Name and Location: _____

Contact Person and Telephone Number: _____

List five (5) references (owners, architects and at least (2) general contractors for work completed within the last (2) years):

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract: \$ _____

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract: \$ _____



Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract: \$ _____

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract: \$ _____

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract: \$ _____

III. Financial Information

SEE ATTACHED SHEET TO BE FILLED OUT BY YOUR FINANCIAL INSTITUTION

IV. Experience

Has your company had experience with LEED projects? [] Yes [] No

How many LEED accredited employees do you have? _____

V. Safety

Do you have a Safety Director? If so, who is it? _____

If not, who is in charge of your safety program? _____

Does your firm have a written safety plan? [] Yes [] No

Does your firm hold Tool Box Safety Meetings? [] Yes [] No How Often? _____

Has your firm had any OSHA citations, fines or jobsite fatalities within the most recent three (3) years? [] Yes [] No

If yes, please describe in detail on an attached sheet what occurred and what steps were taken by the company to prevent it from happening in the future.

What is your experience modification rate (EMR)? _____

Provide last 3 Years OSHA 300 Logs.

OSHA incident rate - please list your firm's OSHA incident rate for the most recent three (3) years:
Year/Rate: _____ Year/Rate: _____ Year/Rate: _____



VI. Additional Information

Please list any additional information you feel will help us determine your company's qualifications and expertise: _____

I hereby certify that the above information is accurate, correct and true.

Completed by: _____

Name

Title

Signature

Date



THIS PAGE MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION

Please return this page to:

Hamann Construction
ATTN: Steve Hamann

Fax: 920-683-3459
Email: shamann@hamann.com

Financial Institution: _____

Customer/Client: _____

General Figure Range Low: 1 – 1.9 Moderate: 2 – 3.9 Medium: 4 – 6.9 High: 7 – 9.9

DEPOSIT RELATIONSHIP

Checking

Account opened: _____

Current balance: Low Moderate Medium High _____ Figure Range

Avg. YTD balance: Low Moderate Medium High _____ Figure Range

NSF YTD: None Not Significant Significant

Sweep Account: Yes or No

Other Accounts: Savings/Money Market

Account opened: _____

Current Balance: Low Moderate Medium High _____ Figure Range

Avg. Balance: Low Moderate Medium High _____ Figure Range

LOAN RELATIONSHIP

Line of Credit

Date opened: _____ Secured _____ Unsecured

High Credit: Low Moderate Medium High _____ Figure Range

Current Outstanding: Low Moderate Medium High _____ Figure Range

Current Available: Low Moderate Medium High _____ Figure Range

Payment: As Agreed Generally As Agreed Slow

Commercial Term Loan(s)

Date opened: _____ Secured _____ Unsecured

High Credit: Low Moderate Medium High _____ Figure Range

Current Outstanding: Low Moderate Medium High _____ Figure Range

Payment: As Agreed Generally As Agreed Slow

**IS CUSTOMER IN GOOD STANDING WITH THE BANK Y_____ N_____

Comments: _____

Completed By: _____ Date: _____

Phone Number: _____ Fax: _____