



OAC SUBCONTRACTOR PRE-QUALIFICATION FORM

Complete & Fax to [redacted] or email to [redacted]



Address:	City:	State:	Zip:
Telephone:	Fax:	Duns No:	Please Attach W-9 Form:
What other former name has your organization operated under?			
Legal Company Name:	Website:		
Submitted By:	Email:		

PLEASE LIST THE MAIN CONTACT AND PRINCIPALS OF YOUR ORGANIZATION

Main Contact:	Title:
Phone No:	Email:
Principal Name:	Title:
Phone No:	Email:
Principal Name:	Title:
Phone No:	Email:

Contractor License No:	State:	Class:
Contractor License No:	State:	Class:
Contractor License No:	State:	Class:

Preferred Project Size:	\$				
Scope of Work:					
Trade(s)			NAICS Codes:		

PREFERRED AREAS OF WORK: CHECK BOXES

South Florida
Central Florida
North Florida

Alabama
Mississippi
Georgia

North Carolina
South Carolina
Puerto Rico





SURETY INFORMATION

Contact Name:			
Phone Number:	Fax:	Email:	
Bondable: Yes No	Aggregate Capacity: Single Capacity:	Rate:	

If you are attempting to qualify for an anticipated subcontract value in excess of \$250K, submit a letter from your Surety indicating the single project and aggregate amounts for which they will issue a performance and payment bond (Small Street is not asking for the bonds at this time).

EXPERIENCE

1. Has your company had experience with a LEED project?	Yes	No	
2. Have you had Litigation in the past 5 years?	Yes	No	IF YES, PLEASE ATTACH DETAILS/UNRESOLVED ISSUES
3. Are there any judgments, claims or suits pending against you?	Yes	No	
4. Ever failed to complete a project?	Yes	No	IF YES, PLEASE ATTACH DETAILS/UNRESOLVED ISSUES
5. List your company's backlog (total work in progress and under contract, but not yet started) as of today and for the next two years:			
Backlog as of today:	0-12 months:	12-24 months:	
6. Project: Largest Contract:	Smallest Contract:	Average:	
7. LIST OR ATTACH THREE CONSTRUCTION REFERENCES - ALSO, PLEASE ATTACH A LIST OF CURRENT AND PAST PROJECTS:			
Name:	Email:	Telephone:	
Project Location:		Amount: \$	Yr. Comp:
Name:	Email:	Telephone:	
Project Location:		Amount: \$	Yr. Comp:
Name:	Email:	Telephone:	
Project Location:		Amount: \$	Yr. Comp:



BANK REFERENCE

Bank Name:
Contact Name:

Phone Number:

FINANCIAL

Please submit the following information: Include copy of your most recent financial statement. Incomplete financial statements will delay the qualification process and may result in your rejection as a OAC qualified subcontractor.

1. If you are attempting to qualify for an anticipated subcontract value up to \$1M, submit CPA reviewed Financial Statements Attached reviewed Financial Statement? Yes No

2. If you are attempting to qualify for an anticipated subcontract value in excess of \$1M, submit CPA audited Financial Statements Attached audited Financial Statement? Yes No

INSURANCE

Insurance Company:

Agent Name:

Phone Number:

Fax:

Email:

The Certificate of Liability form, which is completed to attest to the scope of your insurance coverage only, summarizes the various policies listed as to the limits and coverage's provided. It does not show restrictions, exclusions or limitations of coverage which may cause a material breach under the subcontract agreement. **PLEASE HAVE YOUR INSURANCE REP ATTACH A CERTIFICATE OF LIABILITY FORM** indicating exposure for general liability insurance coverage, for any and all operations listing OAC and Owner/Client as additional insured as respects to ongoing and completed operations and Waiver of Subrogation naming OAC and Owner/Client. Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard Commercial General Liability. All equivalent forms must be attached as evidence of coverage.



OAC SUBCONTRACTOR PRE-QUALIFICATION FORM

Complete & Fax to or email to



VERIFICATION STATEMENT OF BUSINESS SIZE STATUS





Information provided may be verified against federal, state and local records including Contractor License Status Check and System for Award Management (SAM) Registration to determine accuracy. Verification Statement will be required annually.

PLEASE NOTE: WITH THE EXCEPTION OF HUBZONE, SMALL BUSINESS DESIGNATIONS CAN BE SELF-CERTIFIED. (Check all that apply and if applicable, submit copies of your certificates)

- Small Business (SB)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Small Disadvantaged Business/8(a) (SDB)
- Historically Underutilized Business Zone (HUB Zone) – Must be approved through SBA (Submit copy of Approval)
- Alaska Native Corporation (ANC)/ Indian Tribe-Certified by SBA as a SDB: Yes No Large: Yes No
- Large Business/Other Than Small Business (LB/OTSB)

I _____, a principal Owner/Operator of _____,

hereby certify under penalty of perjury that said business qualifies for the Small Business designation/certification listed above and meets the size standard requirements for or Industry Group as defined by the Small Business Administration.

Please verify your size standard by accessing the Table of Size Standards located on the Small Business Administration's web site at: <http://www.sba.gov/content/table-small-business-size-standards>

OAC SUBCONTRACTOR PRE-QUALIFICATION FORM

Complete & Fax to or email to



SAFETY

Name of Safety Professional:			
Title:			
Phone Number:		Fax:	Email:
1. Drug Free Work Policy?		Yes	No
2. Have had an OSHA citation, fine, or violation in past 5 years?		Yes	No
IF YES, PLEASE ATTACH DETAILS/UNRESOLVED ISSUES			
3. Does your company have a written safety plan?		Yes	No
4. Do you have and have you implemented the EM 385-1-1 Safety and Health training requirements for your employees?			
Yes		No	
If yes, is it documented?			
Yes		No	
5. Do you have on-site personnel trained to perform First Aid and CPR?		Yes	No
6. Does your competent person have the proper certification cards?		Yes	No
7. Do you have regular site safety inspections?		Yes	No
8. Do you subcontract work out to others?		Yes	No
If yes, do you insure they follow the proper safety requirements?		Yes	No
7. Provide Experience Modification Rate (EMR) Below: (TO OBTAIN YOUR EMR - PLEASE CONTACT YOUR WORKERS COMP. CARRIER)			
Current EMR:	2013 EMR:	2012 EMR:	2011 EMR:
If an EMR rating is over 1.0, please submit a Pre-Construction Safety Checklist.			
Email to obtain this form.			
<p>To order your free copy of EM 385-1-1 Safety and Health Requirements Manual fax your request to: USACE PUBLICATIONS (301)394-0084 Include your name and address and the manual will be mailed directly to you.</p>			

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

Signature: _____

Print Name: _____

Title: _____

Date: _____