

SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

SECTION 1: Business / Contact Information

Legal Business Name: _____

DBA (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Business Phone Number: (_____) _____ Business Fax Number: (_____) _____

Is business ownership: Proprietorship Partnership Corporation Individual Joint Venture Other _____

Years in Business: _____

Officers / Owners Information:

1) Name: _____ Title: _____ Email: _____

2) Name: _____ Title: _____ Email: _____

3) Name: _____ Title: _____ Email: _____

Company Website Address: _____

Is your company a minority-owned business? Yes No If yes, what classification: _____

SECTION 2: Specific Trade Information / Abilities / Experience

Type of Business / Trade: _____

Type(s) of Work your company is qualified to professionally provide: _____

List the projects your company has experience completing successfully: (check all that apply)

Commercial / Mixed Use Cultural / Community Health Care Industrial
 Institutional / Educational Residential Senior Living Other: _____

In what geographic range from your principal office are you willing to travel?

+/- 100 Miles +/- 200 Miles +/- 400 Miles Any Areas _____

Indicate the size projects your company can perform: (check only one)

< \$50K < \$100K \$100K - \$500K \$500K - \$1M \$1M - \$2M \$2M - \$5M \$5M - \$10M >\$10M

Has your company ever been removed or banned from a project, barred from bidding projects, or failed to complete work under contract? Yes No If yes, attach detailed explanation on separate sheet.

Are there any judgments, claims, arbitration proceeding, and/or legal actions pending and/or outstanding against your company, affiliates, or officers? Yes No If yes, attach detailed explanation on separate sheet.

Has your company been involved in, or subject to, any legal action (or arbitration) with regard to construction contracts within the past seven (7) years? Yes No If yes, attach detailed explanation on separate sheet.

SECTION 3: Safety & Loss Prevention

Please provide electronic copy of Written and instituted Safety Program with accompanying policies. Completed

Has your company, in the past three (3) years been cited by FED-OSHA (or State/Commonwealth agency) for violating safety standards? Yes No If yes, attach copy of citation(s).

Does your company have a drug, alcohol, and/or substance abuse policy? Yes No If yes, attach copy of policy.

SECTION 4: Financial Institution Reference:

Name: _____

Address: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Account Number: _____ Contact Name: _____

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SECTION 5: Current Trade Reference: *(Three (3) are required)*

- 1) This Reference is a General Contractor Homeowner
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____ Fax Number: (_____) _____
Contract Number: _____ Contact Name: _____ Date Work Completed _____
- 2) This Reference is a General Contractor Homeowner
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____ Fax Number: (_____) _____
Contract Number: _____ Contact Name: _____ Date Work Completed _____
- 3) This Reference is a General Contractor Homeowner
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____ Fax Number: (_____) _____
Contract Number: _____ Contact Name: _____ Date Work Completed _____

SECTION 6: Required Documentation (check each that is attached)

- Form W-9 Request for Taxpayer Identification Number and Certification
- Copy of Contractor's License
- Copy of Business License
- Copy of OSHA Form 300 and 301 – Log of Work Related Injuries and Illnesses for prior three (3) years
- Copy of Minority Owned Business Certification Letter (if applicable)
- Copy of OSHA Violation (if applicable)
- Copy of Safety Policy (if applicable)
- Copy of Substance Abuse Policy (if applicable)
- Certificate of Insurance naming IronBridge Construction Inc. as certificate holder

Minimum Coverage Requirements:

Commercial General Liability	
Combined Bodily Injury and Property Damage	
Each Occurrence	\$1,000,000.00
Aggregate – Per Project.....	\$2,000,000.00
Aggregate – Products/Completed Operations	\$2,000,000.00
Automobile Liability (Including Hired and Non-Owned Liability):	
Combined Bodily Injury and Property	
Damage – Each Occurrence.....	\$1,000,000.00
Excess/Umbrella Liability	
Per Occurrence	\$1,000,000.00
Aggregate.....	\$1,000,000.00
Workers' Compensation and Employer's Liability	
Employer's Liability - Each Accident.....	\$1,000,000.00
- Disease – Policy limit.....	\$1,000,000.00
- Disease – Each Employee	\$1,000,000.00

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SECTION 7: Authorization & Release of Information

I, the undersigned, a principal, owner or authorized agent of the business listed below, authorize IronBridge Construction, Inc. to gather any relevant performance / credit information.

Printed Legal Business Name: _____

Printed Name of Signatory: _____ Title: _____

Authorized Signature: _____ Date: _____ 20_____

**Attention Subcontractor
TO EXEDITE PROCESSING:**

Fax to 804-715-9232

Attention: Subcontract Administrator

OR

Email: jennifer.jessee@ironbridgeinc.com

AND

Mail original form to:

IronBridge Construction, Inc.

Attention: Subcontract Administrator

9620 Iron Bridge Road

Suite 201

Chesterfield, Virginia 23832