



## SUBCONTRACTOR PRE-QUALIFICATION INFORMATION

(For subcontracts exceeding \$75,000)

Please fill out completely. Please be assured that all financial information submitted on this form will remain confidential. The purpose of our request is to ensure that all subcontractor/vendors selected are in accordance with The Douglas Company's Quality System.

Date: \_\_\_\_\_  
Company Name \_\_\_\_\_  
Street Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_  
(Please attach IRS W-9)

### Type of Business:

\_\_\_\_\_ If a Corporation  
Year Company was established \_\_\_\_\_  
Number of years under present ownership \_\_\_\_\_  
In what state \_\_\_\_\_

\_\_\_\_\_ If a Partnership  
Date of organization \_\_\_\_\_  
Type of Partnership \_\_\_\_\_ General \_\_\_\_\_ Limited \_\_\_\_\_ Association  
In what State \_\_\_\_\_  
List partners \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If a Sole Proprietorship  
Year company was established \_\_\_\_\_  
Owner's name \_\_\_\_\_  
In what state \_\_\_\_\_

### 2. Bank Reference

Bank Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No: \_\_\_\_\_

### 3. Attach a full financial statement for the latest full calendar year.



## SUBCONTRACTOR PRE-QUALIFICATION INFORMATION

(For subcontracts exceeding \$75,000)

### 4. Surety Company

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Bonding Company Rating \_\_\_\_\_

Bonding Capacity: Single Job \_\_\_\_\_ Aggregate \_\_\_\_\_

### 5. References

#### a. Suppliers Information:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_

#### b. General Contractors:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_

### 6. Insurance

Provide proof of the following insurance coverage on an Accord Form with The Douglas Company named as additional insured.

a. Commercial Liability (\$1 million per occurrence/ \$2 million aggregate minimum required)

b. Automobile liability

c. Worker's Compensation (provide state certificate, if applicable)

d. Professional Errors & Omissions (if applicable)

e. Confirmation of Insurance Coverage

### 7. Annual dollar volume in the past three (3) years

Year \_\_\_\_\_ \$ \_\_\_\_\_

Year \_\_\_\_\_ \$ \_\_\_\_\_

Year \_\_\_\_\_ \$ \_\_\_\_\_

### 8. Largest jobs in past three (3) years

Year \_\_\_\_\_ \$ \_\_\_\_\_

Year \_\_\_\_\_ \$ \_\_\_\_\_

Year \_\_\_\_\_ \$ \_\_\_\_\_



## SUBCONTRACTOR PRE-QUALIFICATION INFORMATION

(For subcontracts exceeding \$75,000)

9. Desired project size

Maximum \$ \_\_\_\_\_

Minimum \$ \_\_\_\_\_

10. List of current projects

<i>Project Name Type of Project</i>	<i>Project Address</i>	<i>Volume</i>	<i>Start Date</i>	<i>% Complete</i>	<i>Anticipated Completion Date</i>

11. List all litigation or formal arbitration to which your organization has been party involving amounts in excess of \$10,000.00 for the past five (5) years including unsettled litigation or arbitration attached to this form.

12. Union Shop \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please complete the following:

Union Name \_\_\_\_\_

Union Phone Number \_\_\_\_\_

Agreement Expiration Date \_\_\_\_\_

13. Do you have a design/build capability? \_\_\_\_\_ Yes \_\_\_\_\_ No



## SUBCONTRACTOR PRE-QUALIFICATION INFORMATION

(For subcontracts exceeding \$75,000)

---

14. Do you have a quality management system supported by written procedures?

\_\_\_\_\_ Yes \_\_\_\_\_ No

15. List your companies experience modification rate (EMR) for past three (3) years

Year \_\_\_\_\_ EMR \_\_\_\_\_

Year \_\_\_\_\_ EMR \_\_\_\_\_

Year \_\_\_\_\_ EMR \_\_\_\_\_

16. Do you have a written safety program? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Do you conduct job site safety audits? \_\_\_\_\_ Yes \_\_\_\_\_ No

By whom? \_\_\_\_\_

How often? \_\_\_\_\_

Is this documented? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Do you hold "Tool Box Talks" for employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

19. Has OSHA cited you in the past three (3) years  
for a violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

20. Is your firm a certified business enterprise?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Woman Business Enterprise

\_\_\_\_\_ Yes \_\_\_\_\_ No

Minority

\_\_\_\_\_ Yes \_\_\_\_\_ No

Other (please describe)

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_

21. Names of company officers

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

*continued...*



## **SUBCONTRACTOR PRE-QUALIFICATION INFORMATION**

*(For subcontracts exceeding \$75,000)*

---

**Please Return this Form to The Douglas Company**

**Along with the Following Attachments:**

- General Liability Insurance Certificate
- Auto Liability Insurance Certificate
- Workers Compensation Certificate
- Confirmation of Insurance Coverage
- Financial Statement – Most Recent Year End Statement Including
  - Balance Sheet
  - Income Statement
- Description of any contract defaults
- List of litigation or formal arbitration for the last five (5) years including unsettled litigation or arbitration
- W-9

*The Douglas Company  
1716 Perrysburg-Holland Road  
Holland, OH 43528*

*Ph: 419.865.8600  
Fax: 419.866.8835*



## SUBCONTRACTOR PRE-QUALIFICATION INFORMATION

(For subcontracts exceeding \$75,000)

---

***(Please have your Insurance Agency provide this  
Insurance Coverage Confirmation)***

Date: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Type of Project:            Residential (    )    Commercial (    )    Condominium (    )  
                                  Condo Hotel (    )    Hotel/Motel (    )  
                                  Independent Living Facility (    )    Assisted Living (    )  
                                  Skilled Nursing Facility (    )    Retirement Community (    )

This certified that the coverage provided by \_\_\_\_\_ for the  
above subcontractor does not have any exclusions for the type of project listed.

Insurance Carrier: \_\_\_\_\_

Agency Name: \_\_\_\_\_

By: \_\_\_\_\_

Agent Name: \_\_\_\_\_