



SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

GENERAL INFORMATION

Date: _____

Legal Company Name: _____ Website: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

Email Address: _____ Federal Tax ID# _____

Staff (# of Employees) Office: _____ Field: _____ Any Lawsuits in the past 5 yrs: _____

Organization Type: Corporation Partnership Sole Proprietor LLC Joint Venture

Number of Years in Business _____ Utah Contractor's License # _____

What Types of **Work/Trade** do you Perform: _____

What Phase codes do you use: _____

Please list **Business Owners & Key Officers** Info:

Name	Position	Years in Position
1. _____		
2. _____		
3. _____		
4. _____		

Have any of your **Principals or Officers** ever filed bankruptcy either personally or for a business they were associated with? Yes No

Trade References: List at least 3 with the following information:

Name	Location	Phone #
1. _____		
2. _____		
3. _____		

SAFETY & QUALITY

Workers Compensation Experience Modification Rate for the Previous 3 Yrs:

Last Year: _____ Two Years: _____ Three Years: _____

In the past 5 years has your company been cited by OSHA for a "serious" or "willful" violation? Yes ___ No ___

Does Your Company Have a Written Safety Plan? _____ Yes _____ No

Name of Person in Charge of Company Safety Program: _____

Explain Your Company's Quality Assurance Program:

CURRENT YEAR PROJECTIONS:

Current # of Projects in Progress: _____ Current Backlog (\$): _____

Largest Contract in the past 3 years: \$ _____ Average Contract Size: \$ _____

INSURANCE

New Star General Contractors General Liability requirements:

Each Occurrence: \$1,000,000.00

General Aggregate: \$2,000,000.00

Products Completed Aggregate: \$2,000,000.00

Personal & Bodily Injury: \$1,000,000.00

Do you Carry Workers Compensation Insurance or are you Exempt? _____ Yes _____ No _____ Exempt

(Please review New Star G.C.'s contract for specifics to insurance requirements by project)

PERFORMANCE

Has an Owner or General Contractor terminated your contract for cause in the last 5 years? ___ Yes ___ No

If Yes, please explain: _____

Has your company failed to complete any construction contracts in the last 5 years? _____ Yes _____ No

If Yes, please explain: _____

Has an Owner or General Contractor in any way supplemented your work force or back charged you for materials procured in your behalf? _____ Yes _____ No

If Yes, please explain: _____

Completed By: _____ Email Address: _____

Title: _____ Signature: _____