



Subcontractor PreQualification Questionnaire

1. Legal company name: \_\_\_\_\_
Federal tax ID number: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_

3. Business phone: \_\_\_\_\_ Business fax: \_\_\_\_\_
Email: \_\_\_\_\_ Website: \_\_\_\_\_

4. Company established (month/year): \_\_\_\_\_

5. Form of business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation
Is your business a certified: MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_ EDGE \_\_\_\_\_

6. Scope of work (check all that apply):

- Div. 01 - General Requirements
Div. 02 - Site Development
Div. 03 - Concrete
Div. 04 - Masonry
Div. 05 - Metals
Div. 06 - Carpentry
Div. 07 - Roofing/Siding
Div. 08 - Doors/Windows
Div. 09 - Finishes
Div. 10 - Fixtures
Div. 11 - Equipment
Div. 12 - Furnishings
Div. 13 - Special Construction
Div. 14 - Elevators/Lifts
Div. 15 - Mechanical
Div. 16 - Electrical

7. Current Number of Employees? \_\_\_\_\_
Are any of your employees LEED Accredited? \_\_\_\_\_

- 8. Do you have:
Any judgments, claims or suits pending or outstanding against your company? If yes, attach a brief explanation of each. Yes No
Any judgments, claims or suits pending or outstanding against a client or general contractor? If yes, attach a brief explanation of each. Yes No
Any citations by OSHA for violations in the last five years? If yes, please attach list of violations, status and fine amount. Yes No

9. Does your company provide health insurance for all employees? Yes No
Employer pays directly, or through an agent, a portion of premium on behalf of their employees into a bona fide administer.

10. Does your company have workers compensation through the State of Ohio? Yes No
Or in any other States? Please specify other States. \_\_\_\_\_

11. Indicate your EMR for the current year and two previous years: \_\_\_\_\_
Current Last Prior to Last

12. Indicate your OSHA Incident Rate for the current year and two previous years:

\_\_\_\_\_ Current \_\_\_\_\_ Last \_\_\_\_\_ Prior to Last

13. Insurance information:

<u>Type</u>	<u>Insurance company</u>	<u>Limits</u>	<u>Date of renewal</u>
Automobile:	_____	_____	_____
Employers liability:	_____	_____	_____
General liability:	_____	_____	_____
Excess insurance:	_____	_____	_____
Bonding company:	_____	Bonding capacity: _____	_____

14. Does your company have:

- Equal Employment Opportunity/Affirmative Action Policy? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Sexual and Non Sexual Harassment Policy? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A Disciplinary Policy? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A Hazardous Communication Program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A Safety and Health Manual? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Safety orientation for new hires? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Mandatory weekly safety meetings? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If no, are you willing to conduct safety meetings each week? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A designated Safety Officer for your company? \_\_\_\_\_ Yes \_\_\_\_\_ No
- A Substance Abuse Policy? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Pre-hire Testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Post-hire/Random Testing? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Are you willing to require your employees to be subjected to site, project, or Owner specific drug and/or alcohol testing programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Will you require your employees to wear hard hats, work boots, long pants and shirts that cover the midriff, as well as other site or Owner specific Personal Protective Equipment, while working on a Kinsale Corporation project? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Has your company:

- Been required issuance of joint checks to you and your suppliers or subcontractor? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Been assessed liquidated damages for late completion of a project within the last three (3) years? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Previously worked on a Kinsale Project project? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - If yes, list (on a separate sheet) at least five (5) recent projects.

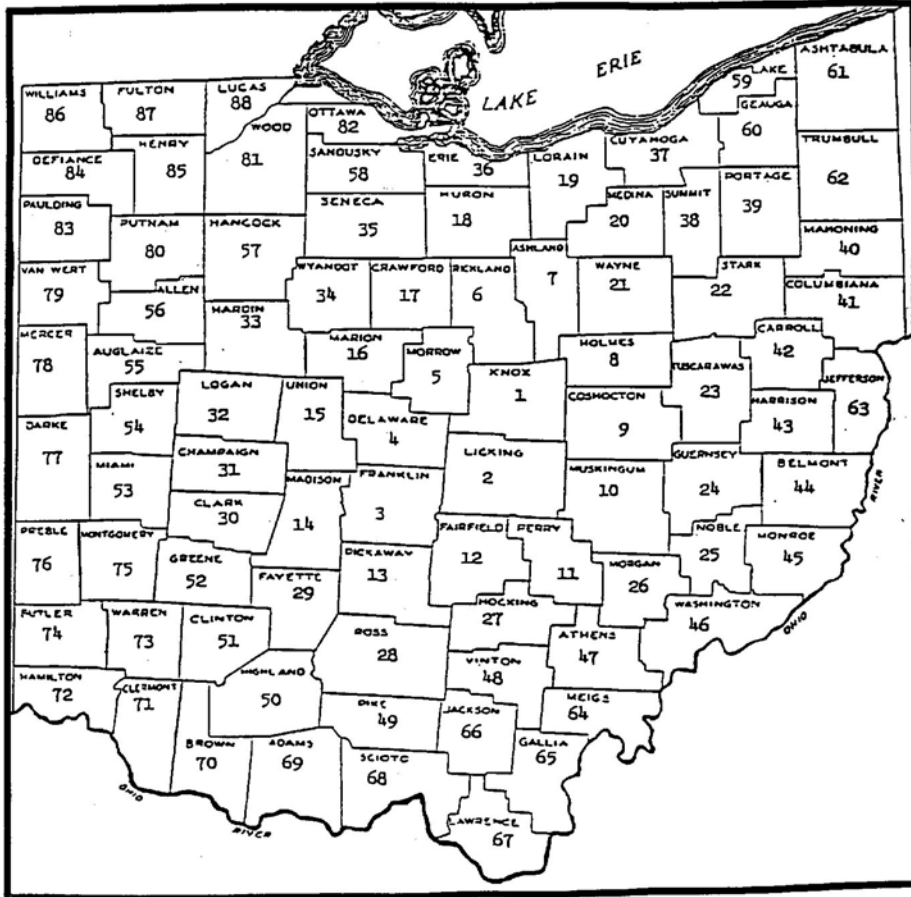
18. What is your company's projected annual sales? \$ \_\_\_\_\_

19. What is your current uncompleted backlog? \$ \_\_\_\_\_

20. If awarded a major contract by Kinsale Corporation, will you be willing to review your financial statement with our Controller? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. List (on a separate sheet) the five (5) largest (dollar value) projects completed by your company during the last three (3) to five (5) years. Include project name, dollar amount, contractor, contractor contact, telephone number and the date of contract completion.

22. Our company is willing to work in ALL counties in Ohio? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, please indicate on the map counties in which you are NOT willing to travel or work



23. Please indicate the states or regions of states in which you are willing to travel and work:

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***I certify that the information in this questionnaire is correct and complete.***

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Name of Principal of Company (Print)

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Signature of Principal of Company

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Date