



SUBCONTRACTOR PROFESSIONAL SERVICES PREQUALIFICATION FORM

Prequalification Form will NOT be accepted unless it is completed in its entirety.

Please check the state that you are submitting your qualifications for: OR WA

BUSINESS INFORMATION

Date Completed: _____

Company Name: _____

Address: _____

If corporate Office check here: _____

Primary Contact: _____

Phone: _____ Fax: _____ E-Mail: _____

Other Branch Offices: _____

Design/Build Experience: _____Yes _____No

 If Yes, engineering staff is: _____Internal _____External

Years in Business Under Present Name: _____Years

Status: _____Union _____Non-Union

Employer Identification # _____

Oregon Contractor's License: _____

Washington Contractor's Lic.#: _____

Average Contract Size over the last Five (5) years: \$ _____

Average annual revenue over the last Five (5) years: \$ _____

Company Type: _____Corporation _____Partnership _____LLC _____Individual
 _____DBA _____Joint Venture _____Sole Proprietor

WORK PERFORMED

List the categories or CSI sections that your organization normally performs:

Check the categories your company has experience in:

_____Healthcare _____Education K-12 _____High Education _____Industrial
_____Commercial _____Retail _____Manufacturing _____Telecommunication

Business Classification

Does your business meet a special classification: Yes No

If Yes, please complete the remainder of this section and provide certification.

Minority Owned Woman Owned Small Business Hub Zone
 Disadvantaged Business Veteran Owned Other

Minority Certificate Status: N/A Self Public Private
 (Copy required)

City: _____ NMSDC Affiliates: _____
 State: _____ (National Minority Supplier Dev. Council)
 Country: _____

Insurance

Does your company meet Merrill Contractor, Inc.'s minimum standard insurance requirements?

Yes **No**

Please attach a copy of your current insurance certification form.

Insurance Requirements: This summary is provided only as a general guide and is not meant to be inclusive. Requirements may change depending on project requirements. Limits may be attained by an individual policy or by a combination of an underlying policy with an umbrella and/or Excess Liability Policy. Carrier(s) must have a B++ or better A.M. Best rating.

We require **additional insured status for General Liability for Merrill Contractors, Inc. and others** as required by prime contract on a primary and non-contributory basis, including coverage for completed operations

Standard Insurance Requirements	
Coverage Type	Limits
Workers' Compensation	Statutory Limits for each respective State
Employer's Liability	\$1,000,000 each accident \$1,000,000 policy limit \$1,000,000 each person
Auto Liability (Includes autos owned, hired, or non- owned)	\$1,000,000 combined single limit
General Liability	\$1,000,000 per occurrence \$2,000,000 Aggregate \$2,000,000 Completed Operations Aggregate
Excess/Umbrella Liability	\$1,000,000 per occurrence \$1,000,000 aggregate

Bonding

Is your company bondable? _____Yes _____No
(If N/A or not bondable, please provide explanation.)

Bonding capacity in aggregate: \$ _____ Bonding capacity per project \$ _____
(Current \$\$ Value required, DO NOT state unlimited.)

Bonding Rate per \$1,000: _____

Bonding Company (Surety, not Agent): _____
(List complete Surety Name as it appears on the Dept. of Treasury’s Listing of Approved Sureties (Department Circular 570).

Bonding company A.M. Best Rating: _____

Bond Agency Contact Name: _____ Phone: _____

Past Performance

Has your organization ever failed to complete any awarded work in the last seven (7) years?
_____Yes _____No If Yes, explain _____

Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years? _____Yes _____No
If Yes, explain _____

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last seven (7) years? _____Yes _____No If Yes, explain _____

SAFETY

How many OSHA or WISHA violations has this business incurred over the past three years?

What is this business’ Worker’s Comp EMR history for the past 3 years & the current year?
_____Current Year _____1 Year Ago _____2 Years Ago _____3 Years Ago

What is this business’ OSHA/WISHA recordable incident rate for the past 3 years & the current year? (Number of recordables x 200,000 / man-hours worked)
_____1 Year Ago _____2 Years Ago _____3 Years Ago

How many fatalities has this business incurred over the past three years? _____

Does this business have a written safety policy? _____Yes _____No
(A copy will be required if selected for project)

Does your company comply with the Drug Free Work Act? _____Yes _____No

REFERENCES

List Contact information for three (3) owners, general contractors, or construction managers for whom the company has worked in the past 5 years below:

COMPANY	CONTACT	PHONE	FAX/EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Contact information for three (3) suppliers from whom the company has purchased materials or subcontractors which the company has hired in the past 5 years below:

COMPANY	CONTACT	PHONE	FAX/EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned officer, partner and/or managing member of _____
(Company Name)

certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed by: _____
(Officer, partner, and/or managing member's name/title) *Signature*

Date Completed _____

Mail Original Form to: **Merrill Contractors, Inc.**
3205 NE 78th St., Suite 10
Vancouver, WA 98665