



Great Arrow Construction

Subcontractor / Vendor Pre-Qualification Form

Please complete form in its entirety. Incomplete forms may not be considered.

Division:		Trade:		Date:	
Contractor's License No:			Expiration:		
COMPANY INFORMATION <i>(please print or type)</i>					
Legal Business Name:			Type of Company (select all that apply): <input type="checkbox"/> Subcontractor <input type="checkbox"/> Manufacturer/Supplier <input type="checkbox"/> Consultant		
Street Address:			Years in Business <i>(current name):</i>		Federal Tax ID:
City:	State:	Zip:	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other		
Mailing Address:			Labor Affiliation: <input type="checkbox"/> Union <input type="checkbox"/> Merit Shop		
			National Agreements <i>(list union crafts with which you have national agreements):</i> _____ _____		
City:	State:	Zip:			
President:		Vice President:		Company Certifications <i>(check if appropriate):</i> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE <input type="checkbox"/> VOSB <input type="checkbox"/> Other	
Principal Contact:		Contact's Title:		Certifying Agency: <input type="checkbox"/> City: _____ <input type="checkbox"/> State: _____ <input type="checkbox"/> Federal: _____	
Telephone Number:		Toll-Free Number:		Minority/Disadvantaged Business Enterprise Relations/Participation: Do you use Subcontractors/Suppliers that qualify as Minority / Disadvantaged Business Enterprises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax Number:		Mobile Number:		Associations/Affiliations <i>(list associations, i.e. CSI, ASA, AGC, ABC, USGBC):</i> _____ _____	
Email address: _____					
Company website: _____					
Parent Company or Subsidiary Information:					
Parent Company Name _____			Subsidiary Name _____		
Street Address _____			Street Address _____		
City, State, Zip _____			City, State, Zip _____		
Telephone Number _____			Telephone Number _____		
Fax Number _____			Fax Number _____		
Have any of the above companies ever done business with Great Arrow Construction, LLC <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain on a separate sheet)					
Have you failed to complete awarded work or been terminated for cause? Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies, or reorganizations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain on a separate sheet)					
Do you have a company Substance Abuse Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have an Affirmative Action Plan for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you include training/orientation on sexual harassment in the workplace? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Equal Opportunity Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

COMPANY INFORMATION CONTINUED

Permanent Employees: Indicate the number of permanent personnel by classification

Total # of Employees _____	Engineers/Architects _____
Executive / Management _____	Draftsmen _____
Project Management _____	Foreman _____
Project Engineers _____	Skilled Craftsmen _____
Project Superintendents _____	Unskilled Labor _____
Estimators _____	Other _____

Do you have a Quality Control Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual employee (craft) turnover percentage? _____ %
---	--

Do you have Design/Build capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Construction Equipment: <i>(Please attach company-owner equipment list and rates)</i>
---	---

In-house engineering or fabrication capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned: _____ Rented: _____ Both: _____
--	--

What is the percentage of total annual work performed in or for the construction industry? _____ %
--

What is your desired project size? Maximum \$ _____ Minimum \$ _____
--

List data for three most recently completed fiscal years.

Fiscal Year	Max. Contract Value Completed	Annual Company Revenue	Current Year Company Workload
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

List the scopes of work which your company typically performs. Indicate percentages self-performed by company employees vs. subcontracted workers for each scope. (List additional scopes, if needed, on a separate sheet)

1. _____	Self-Performed %: _____	Subcontracted %: _____
2. _____	Self-Performed %: _____	Subcontracted %: _____
3. _____	Self-Performed %: _____	Subcontracted %: _____
4. _____	Self-Performed %: _____	Subcontracted %: _____

SAFETY INFORMATION

List your safety performance for the past three years <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Year</td> <td style="width:15%; border-bottom: 1px solid black;">_____</td> <td style="width:15%; border-bottom: 1px solid black;">_____</td> <td style="width:15%; border-bottom: 1px solid black;">_____</td> </tr> <tr> <td>OSHA Recordable Incident Rate</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Experience Modification Rate (EMR)</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number of Lost Workdays</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number of Recordable Injury Cases</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total Employees Hours Worked</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number of Fatalities</td> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Year	_____	_____	_____	OSHA Recordable Incident Rate		_____	_____	_____	Experience Modification Rate (EMR)		_____	_____	_____	Number of Lost Workdays		_____	_____	_____	Number of Recordable Injury Cases		_____	_____	_____	Total Employees Hours Worked		_____	_____	_____	Number of Fatalities		_____	_____	_____	Does your company have a written Safety Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Company Safety Director or other Safety Professional on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Are all employees trained in safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your company ever had its Workers Compensation Insurance dropped? <i>If yes, provide reason.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any OSHA fines in the past 3 years? <i>If yes, provide details and circumstances for each incident.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Year	_____	_____	_____																																
OSHA Recordable Incident Rate		_____	_____	_____																																
Experience Modification Rate (EMR)		_____	_____	_____																																
Number of Lost Workdays		_____	_____	_____																																
Number of Recordable Injury Cases		_____	_____	_____																																
Total Employees Hours Worked		_____	_____	_____																																
Number of Fatalities		_____	_____	_____																																

INSURANCE INFORMATION

Do you carry, or can you obtain the following insurance coverage? Worker's Comp Statutory Max at Project Site Location? <input type="checkbox"/> Yes <input type="checkbox"/> No Employee Liability \$500,000 Minimum <input type="checkbox"/> Yes <input type="checkbox"/> No General Liability \$1,000,000 Minimum <input type="checkbox"/> Yes <input type="checkbox"/> No - Must include Automobile Liability - Greenhut must be listed as an Additional Insured	Insurance Company: _____ Address: _____ Insurance Agent: _____ Telephone: _____
--	--

BONDING INFORMATION

Bonding Company: _____	Total Bonding Capacity \$ _____
Contact: _____	Telephone: _____
	Current Available Binding Capacity \$ _____

