

Date: _____

**COMMERCIAL CONTRACTING CORPORATION
SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE**

A. General Information

Company Name							
First Name		Last Name					
Street Address		City		State		Zip	
P.O. Box		P.O. Zip					
Telephone No.			Fax No.				
E-Mail Address				Dun & Bradstreet #			

B. Organization

Corporation	<input type="checkbox"/>	Small Business	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Minority Owned Business	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>	Small Disadvantage Business	<input type="checkbox"/>
Limited Liability Corporation (L.L.C.)	<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>

C. Bank Reference

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

Bank Name							
Contact - First Name		Last Name					
Street Address		City		State		Zip	
P.O. Box		P.O. Zip					
Telephone No.			Fax No.				
Current Net Worth			Unsecured Line of Credit Limit				

D. Surety Reference

Attach a letter from your bonding company.

Surety Company Name							
Contact - First Name		Last Name					
Street Address		City		State		Zip	
P.O. Box		P.O. Zip					
Telephone No.			Fax No.				
Bonding Company Rating							

Date: _____

Bonding Capacity:

Single Job: _____ Aggregate: _____ Credit: _____

E. Insurance

Attach a copy of your insurance certificate.

LIMITS & TYPE COVERAGE

Workmen's Compensation	_____
Bodily Injury & Property Damage	_____
Excess/Umbrella Liability	_____
Automotive Liability	_____

F. Project Information

Annual Dollar Volume for the past three (3) years:

Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____

Largest projects in the past three (3) years:

Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____

Desired Project Size: Maximum \$ _____ Minimum \$ _____

Attach a listing of recent projects which includes year completed, \$ size, customer, type of work, and location.

Have you ever failed to complete any work awarded to your firm? Yes No

If yes, please include a letter explaining owner, type of work, location, and circumstances.

G. Activities

On Site Construction Services (Check all that apply)

Earth Work (site preparation, trenching)	<input type="checkbox"/>	Foundations	<input type="checkbox"/>
Steel Erection, Fabrication	<input type="checkbox"/>	Brick and Block work	<input type="checkbox"/>
Windows, Glass, Glazing	<input type="checkbox"/>	Framing and General Carpentry	<input type="checkbox"/>
Mechanical Piping and Equip Setting	<input type="checkbox"/>	HVAC	<input type="checkbox"/>
Instrumentation and Controls	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>
Electrical Power Distribution	<input type="checkbox"/>	Electrical Lighting and Outlets	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, please Specify			

Shop Manufacturing or Fabrication:

Location(s): _____ Size: _____

Capabilities: _____

Does your firm have AutoCAD capability? Yes No

Does your firm have In-House Engineering? Yes No

Version of Software: _____

Date: _____

Total Employees (Entire Company)	
Total Home Office Administration	
Total Construction Site Personnel	

Field Labor used: Union _____ Non-Union _____

H. Quality Management

- Does your firm have a Quality Management System (QMS)? Yes No
- Is your QMS supported by written procedures? Yes No
- Does your firm have an Environmental Management System (EMS)? Yes No
- Is your EMS supported by written procedures? Yes No

If you currently have a QMS or EMS in place, what agency / certification guidelines do you operate? (i.e. ISO 9000, 9001, 9002, 14001)

Attach proof of the above along with this prequalification form.

I. Safety

- Does your firm have a written Safety Program? Yes No
- Does your firm have a full time Safety Director? Yes No
- Do you have an Orientation Program for new hires? Yes No
- Do you hold regular (non-jobsite) Safety Meetings? Yes No

If yes, how often? _____

Do you hold "Tool Box Talks" for employees? Yes No

If yes, how often? _____

Do you have a training program for new or newly promoted foreman? Yes No

If yes, please describe? _____

List your company's Experience Modification Rate (EMR) for the past three (3) years.

Year	20____	20____	20____
EMR			

Date: _____

List the following OSHA Log Information for the past three (3) years.

OSHA Log Info	20____	20____	20____	*RATES
Total Recordable Cases				
Lost Work Days Cases				
Days Away, Restricted, Transferred Cases (DART) Add columns H & I from OSHA 300 Log				
Lost Workdays				
Total Employee Hours Worked				
Number of Fatalities				

*** (#incidents) * (200,000) / Total Employee Hours Worked**

Has OSHA, MIOSHA, or other state run OSHA organization cited you anytime during the last three (3) years?

Yes No

If yes, explain in detail on an attachment to this form.

J. References

Owners / Construction Managers / General Contractors

NAME	CONTACT	TELEPHONE

Suppliers / Sub-Contractors

NAME	CONTACT	TELEPHONE

Architects / Engineers

NAME	CONTACT	TELEPHONE

Date: _____

Authorized Signature: _____

Title: _____

Date: _____

Upon completion, please return by fax, email, or mail to:

**Allen Tubbs
Commercial Contracting Group
4260 North Atlantic Blvd.
Auburn Hills, Michigan 48326
248.209.0500
248.209.0501 (Fax)
allen.tubbs@ccnetwork.com**