



## **Subcontractor Pre-Qualification**

Hendrick Construction Inc.'s Risk Management Policy requires that we pre-qualify subcontractors annually, prior to accepting quotes and/or issuing subcontracts. Your answers to the following questions will establish the size and type of work that you will qualify to bid. Please answer each question and submit all information requested within 10 days of this questionnaire. Completing this questionnaire does not guarantee pre-qualification.

Please note the following are required to complete the pre-qualification statement

1. Copies of your three most recent annual financial statements
2. List of work to complete
3. Copies of your current contractor's license(s) or certification
4. Copy of your certificate showing all types of coverage carried and the limits
5. Original completed and signed w-9 form
6. Copy of your company's safety manual

Thank you for your interest in our work.



### SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

#### ORGANIZATION

Company Name \_\_\_\_\_ Website \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ Federal Employee ID # \_\_\_\_\_ (Attach w-9 form)

Specialty \_\_\_\_\_ Number of years you have performed this trade \_\_\_\_\_

Has your company had any other legal names:  Yes  No

If yes, please provide those names and/or affiliations \_\_\_\_\_

Contractor's License No(s). (Attach Copy) \_\_\_\_\_

Has your company ever had its license revoked  Yes  No

List Owners, Officers, and Key Personnel

Name	Position	Years in Position
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Organized As A (Check One)  Partnership  Corporation In State Of \_\_\_\_\_  
 Sole Proprietor  Joint Venture \_\_\_\_\_  
 Other (State Type) \_\_\_\_\_

#### Minority or Other Classifications

List all classifications that apply to your organization and attach a copy of your certificate.

#### FINANCIAL

##### Bank References

Name of Bank	Bank Officer	Phone Number
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D&B Number \_\_\_\_\_ D&B Financial Rating \_\_\_\_\_

Has your B&B rating changed in the last 3 years  Yes  No

If yes, list previous rating(s) and date(s)

Rating	_____	2008
Rating	_____	2009
Rating	_____	2010

Financial Statement: **Must attach copies of the past three (3) year-end financial statements.**

Has your firm or any affiliated firm or any of its principals ever filed for bankruptcy, closed a business, defaulted, or failed to complete a contract?  Yes  No If yes, please explain below

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligation?  Yes  No If yes, please explain below

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?  Yes  No If yes, please explain below

Does your company have any outstanding judgements or claims against it?  Yes  No If yes, please explain below

Has there been litigation brought against your company in the past five (5) years asserting that you failed to make payments to anyone?  Yes  No If yes, please explain below

Explanation if answered yes to any questions above

**Bonding**

Name of Surety \_\_\_\_\_  
Key Contact Person Name \_\_\_\_\_ Phone \_\_\_\_\_  
Bonding Capacity Per Job \_\_\_\_\_ Email \_\_\_\_\_  
Date of Last Bond \_\_\_\_\_ Amount \_\_\_\_\_ Bond Rate \_\_\_\_\_

Has any bonding company ever had to complete your contract work because you were unable to complete it?  Yes  No

If yes, please explain the specific circumstances on an attached separate sheet.

**Insurance**

**Attach a certificate of insurance** from your carrier that outlines all types of coverage carried and limits.

Please see Exhibit A for Hendrick Construction, Inc. minimum coverage requirements.

**REFERENCES**

List three of your current major suppliers (must be an account which has been active in the last calendar year)

1	Name _____	Contact _____
	Address _____	Telephone _____
	E-Mail _____	Fax _____
2	Name _____	Contact _____
	Address _____	Telephone _____
	E-Mail _____	Fax _____
3	Name _____	Contact _____
	Address _____	Telephone _____
	E-Mail _____	Fax _____

List three general contractor/construction managers you do business with

1	Name _____	Contact _____
	Address _____	Telephone _____
	E-Mail _____	Fax _____
2	Name _____	Contact _____
	Address _____	Telephone _____
	E-Mail _____	Fax _____
3	Name _____	Contact _____
	Address _____	Telephone _____
	E-Mail _____	Fax _____

**EXPERIENCE**

**Current Backlog Report :** Attach a list of the major construction projects your organization has in progress. Include the name of the project, owner, architect, gross contract amount, % complete and scheduled completion date

Work Experience (Check All That Apply)

<input type="checkbox"/> Retail	<input type="checkbox"/> Residential	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Religious
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Healthcare	<input type="checkbox"/> K-12
<input type="checkbox"/> Core and Shell	<input type="checkbox"/> Government	<input type="checkbox"/> Pharmaceutical

Indicate the size of project you are most competitive in performing:

<input type="checkbox"/> Under \$100,000	<input type="checkbox"/> \$500,000 - \$1,000,000	<input type="checkbox"/> \$6,000,000 - \$9,000,000
<input type="checkbox"/> \$100,000 - \$200,000	<input type="checkbox"/> \$1,000,000 - \$3,000,000	<input type="checkbox"/> \$10,000,000 - \$15,000,000
<input type="checkbox"/> \$200,000 - \$500,000	<input type="checkbox"/> \$3,000,000 - \$6,000,000	<input type="checkbox"/> Over \$15,000,000

List the trades you normally perform with your own forces: \_\_\_\_\_

What % of your work is normally subcontracted? \_\_\_\_\_

What trades \_\_\_\_\_

Does your firm have a full-time supervisor on site at all times?

Yes  No

What is the largest contract your company has completed?

Contract Amount	Year	Project Name and Scope
Value of work currently under contract	_____	_____
Average annual value of work completed the last 5 years	_____	_____

**SAFETY**

Do you have a full time safety representative?

Yes  No

If yes, give contact name \_\_\_\_\_

Telephone \_\_\_\_\_

**Does your company:**

Conduct and document general and site-specific health and safety orientations for all employees

Yes  No

Have a written safety and environmental program (If so, attach a copy)

Yes  No

Conduct and document project tours of your projects to determine safety compliance

Yes  No

If yes, frequency is every \_\_\_\_\_ (daily, weekly, monthly)

Engage all workers in both pre-shift briefings and again as tasks change  
 Have a substance abuse program  
 Conduct and document a project specific hazard analysis  
 Engage in post accident drug and alcohol testing where outside medical attention was required  
 Maintain specialty certifications/designations for all competent persons and equipment operators  
 Conduct and document workplace accident and near miss investigations  
 Require 2nd tier subs to develop and/or adhere to safety programs at least as stringent as your own

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Your Company's Experience Modification Rate

Current Year to Date	Most Recent Full Year	Two Years Ago	Three Years Ago
N/A			

**SIGNATURE**

We duly swear that all information provided within is truthful and accurate. We also understand that by simply filling out and completing this statement and providing the requested information, we will not be deemed a pre-qualified trade contractor.

\_\_\_\_\_  
 Signature of Company Officer, Partner, or Owner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Type written name and title of Company Officer, Partner, or Owner

\_\_\_\_\_  
 Firm Name

HENDRICK CONSTRUCTION'S STANDARD INSURANCE REQUIREMENTS

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) XX/XX/XXXX
PRODUCER 704-555-5555	FAX 704-555-5555	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURANCE AGENT'S NAME AND ADDRESS		
INSURED	INSURERS AFFORDING COVERAGE	NAIC #
NAME AND ADDRESS OF SUBCONTRACTOR	INSURER A: NAME OF INSURANCE COMPANY	
	INSURER B: NAME OF INSURANCE COMPANY	
	INSURER C: NAME OF INSURANCE COMPANY	
	INSURER D:	
	INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	FULL POLICY NUMBER	XX/XX/XXX	XX/XX/XXXX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 MED EXP. (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	FULL POLICY NUMBER	XX/XX/XXXX	XX/XX/XXXX	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	FULL POLICY NUMBER	XX/XX/XXXX	XX/XX/XXXX	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
HENDRICK CONSTRUCTION, INC. OWNER, AND ALL OTHER PARTIES AS REQUIRED BY CONTRACT ARE NAMED AS ADDITIONAL INSURED AS EVIDENCED BY THE ATTACHED \_\_\_\_\_ (ADDITIONAL INSURED ENDORSEMENTS FOR BOTH ONGOING AND COMPLETED OPERATIONS). COVERAGE IS PRIMARY AND NON-CONTRIBUTORY TO ANY OTHER INSURANCE AVAILABLE TO THE CERTIFICATE HOLDER. WAIVER OF SUBROGATION FOR GENERAL LIABILITY, AUTOMOBILE LIABILITY AND WORKERS' COMPENSATION IN FAVOR OF HENDRICK CONSTRUCTION, INC, OWNER, AND ALL OTHER PARTIES

**CERTIFICATE HOLDER**

HENDRICK CONSTRUCTION, INC.  
9144 ARROWPOINT BLVD.  
SUITE 150  
CHARLOTTE, NC 28273

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL \_\_\_\_\_ BY MAIL \_\_\_\_\_ 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

**MUST BE SIGNED**