Overland Construction — Subcontractor Qualification Form

Prequalification Form must be completed in its entirety.

Project *(If Applicable)*: _____ **Date:** _____

BUSINESS SECTION

Legal Business Name

Type of Company

☐ Subcontractor ☐ Supplier ☐ Both

Address #1 (Street Address)

City **State** **Zip**

Address #2 (Mailing Address)

City **State** **Zip**

Principal Contact

Contact's Title

Years in Business *(Under Current Name)*

# of Employees

Fed. Tax ID#

Business Phone Number

Contact's Cell Number

Company Website URL

Contact's Email Address

Business Type

☐ Corporation ☐ LLC/LLP
☐ Sole Proprietor ☐ Other
☐ Partnership

Labor Affiliation

☐ Union
☐ Merit Shop

Have the officers of the business done the same work under a different name? YES ☐ NO ☐

*If **yes**, under what name?*

Does the legal business have a parent, affiliate, or subsidiary company? YES ☐ NO ☐

*If **yes**, what are the parent, affiliate, or subsidiary companies?*

Design-Build Capabilities? YES ☐ NO ☐ **If yes, is Engineering Staff:** Internal ☐ External ☐

Have you failed to complete awarded work or been terminated for cause? YES ☐ NO ☐

Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? YES ☐ NO ☐

*If **yes**, explain on a separate sheet and attach to this form.*

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List the corporate officers, partners, or proprietors of your firm:

(If additional space needed, list on a separate sheet and attach to this form)

Name	Title	% Ownership

Have any of the above officers ever done business with Overland Construction Corporation through another company?

(If yes, explain on a separate sheet and attach to this form)

SAFETY SECTION

List your Experience Modification Rate (EMR) for the last 3 years:

Year	Rate

Number of OSHA Recordable incidents over the prior 3 years: _____

(Data available at www.osha.com)

Do you have a written Safety Program? YES ☐ NO ☐

Are all employees trained in safety requirements? YES ☐ NO ☐

Do you have a Company Safety Director or other Safety Professionals on Staff? *If yes, enter contact information.* YES ☐ NO ☐

Phone: _____

Contact Name: _____ **Email:** _____

PROJECT INFORMATION SECTION

List data for three most recent completed fiscal years

	Max. Contract Value Completed	Annual Company Revenue	Current Year Company Workload
Year 1			
Year 2			Current Year Company Backlog
Year 3			

List the types of projects for which your company typically performs work or in which it specializes.

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LICENSURE SECTION

List license numbers of jurisdictions in which your company is legally qualified to work.

(If additional space needed, list on a separate sheet and attach to this form)

State	License Number	Expiration

INSURANCE AND BONDING SECTION

Do you currently carry, or can you obtain the following insurance coverage?

Worker's Compensation Statutory Maximum at Project Site Location?	General Liability	Automobile Liability	Employer Liability
YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

Insurance Company	Insurance Agent	Insurance Agent Telephone
Bonding Company	**Bonding Company Contact**	**Bonding Contact Telephone**
Total Bonding Capacity	**Current Available Bonding Capacity**	**Bonding Contact Email**

REFERENCE SECTION

Project References *(within last three years)*

Project Name	Project Location *(City, State)*	Completion Date *(MM/YY)*		
Your Firm's Approx. Contract Amount	**Project General Contractor**	**General Contractor Contact**	**Email**	**Phone**
Briefly Describe Work Performed By Your Firm:				

Project Name	Project Location *(City, State)*	Completion Date *(MM/YY)*		
Your Firm's Approx. Contract Amount	**Project General Contractor**	**General Contractor Contact**	**Email**	**Phone**
Briefly Describe Work Performed By Your Firm:				

Project Name	Project Location *(City, State)*	Completion Date *(MM/YY)*		
Your Firm's Approx. Contract Amount	**Project General Contractor**	**General Contractor Contact**	**Email**	**Phone**
Briefly Describe Work Performed By Your Firm:				

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Major Supplier References *(list three current supplier references)*

Company Name	Address	City	State	Zip

Contact	Email	Phone

Company Name	Address	City	State	Zip

Contact	Email	Phone

Company Name	Address	City	State	Zip

Contact	Email	Phone

Bank References *(list three financial references)*

Financial Institution	Address	City	State	Zip

Contact	Phone	Email	Established Line of Credit?
			YES ☐ NO ☐

Financial Institution	Address	City	State	Zip

Contact	Phone	Email	Established Line of Credit?
			YES ☐ NO ☐

Financial Institution	Address	City	State	Zip

Contact	Phone	Email	Established Line of Credit?
			YES ☐ NO ☐

SCOPES OF WORK

Subcontractor Qualification Form

CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of Overland Construction Corporation

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

INFORMATION SUPPLIED BY:

Signature: _____

Print Name: _____

Title: _____

Company: _____

Email: _____

Phone: _____

EMAIL COMPLETED FORM TO:

OVERLAND CONSTRUCTION

Email: build@overlandcorp.com

UT Office: (801) 355-1111

AZ Office: (602) 848-0094

FOR OVERLAND USE ONLY

INITIAL REVIEW APPROVAL

Reviewed By **Date of Review** *(MM/DD/YY)*

Notes

FINAL REVIEW APPROVAL

Reviewed By **Date of Review** *(MM/DD/YY)*

Notes

LITIGATION HISTORY

Reviewed By **Date of Review** *(MM/DD/YY)*

☐ None ☐ Past Litigation ☐ Current Litigation ☐ Pending Litigation

(If Past, Current or Pending is checked, please describe below)

Description