

ALLIEDCOOK

CONSTRUCTION

Managers • Builders
Building Excellence Since 1958

SUBCONTRACTOR / SUPPLIER PREQUALIFICATION FORM

Complete all portions of this form and return to AlliedCook Construction Corp. with a copy of your Certificate of Insurance indicating current limits. This form will be utilized to determine and update contractor qualifications and may be shared with clients and Project Team members as deemed appropriate by AlliedCook Construction Corp.

GENERAL INFORMATION

Company Name: _____

Telephone: _____ Fax: _____

Physical Address: _____ Mailing Address: _____

Company Website Address: _____

Owners/Stockholders: _____ Email: _____

President: _____ Yrs. w/Co: _____ Email: _____

Vice President: _____ Yrs. w/Co: _____ Email: _____

Treasurer: _____ Yrs. w/Co: _____ Email: _____

How many years has your organization been in business under your present firm name: _____

Parent Company Name: _____

City: _____ State: _____ Zip: _____

Subsidiaries: _____

Under current management since (date): _____

Form of Business: LLC Partnership Corporation Other - Explain: _____

Please describe the services which your company performs: _____

List other types of work within the services you normally perform that you subcontract to others: _____

Has your company completed/participated in any LEED projects? Yes No

Has your company completed/participated in any historical restoration projects? Yes No

FINANCIAL / INSURANCE

Please attach a list of 4 references – 3 supplier and 1 financial to include contact name, number and address.

Have you filed for bankruptcy in the past 11 years? Yes No

Annual dollar volume for the past three years: 20____ 20____ 20____
\$ _____ \$ _____ \$ _____

Largest job during the last 5 years: _____

Your firm's desired project size: Maximum: _____ Minimum: _____

List major jobs in progress and/or completed in the past 5 years: (May attach additional listing if necessary)

<u>Location</u>	<u>Type of Work</u>	<u>Size \$</u>	<u>Customer Contact</u>	<u>Phone/Email</u>
-----------------	---------------------	----------------	-------------------------	--------------------

List current backlog of work through the next 12 months: (May attach additional listing if necessary)

<u>Location</u>	<u>Type of Work</u>	<u>Size \$</u>	<u>Customer Contact</u>	<u>Phone/Email</u>
-----------------	---------------------	----------------	-------------------------	--------------------

Have you ever failed to complete a project? If yes, please attach details. Yes No

Are there any judgments, claims or suits pending or outstanding against your company? Yes No

If yes, please attach details.

Contact for insurance information: _____

Title: _____ Phone: _____ Fax: _____ Email: _____

Insurance Carriers:

<u>Name</u>	<u>Type of Coverage</u>	<u>Telephone</u>

Does your company have a Performance and Payment Bond program? Yes No

Bonding capacity: _____

Bonding Company contact: _____ Limits: _____

Title: _____ Phone: _____ Fax: _____ Email: _____

Percentage of self-performed work: _____ % Percentage of subcontracted work: _____ %

Do your subcontractors carry Workers' Compensation Insurance? Yes No

If no, please explain: _____

TRAINING

List the various training programs your company provides to its employees (i.e., LEED, craft training, etc.):

Are you willing to participate in MaineHousing's On the Job Training Program if needed? Yes No

SAFETY & HEALTH

Workers Compensation Experience Modification Rate (EMR) for the last three years:

20____ - _____ 20____ - _____ 20____ - _____

Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years?

Yes No If yes, please attach copies.

Highest ranking safety/health professional in the company: _____

Title: _____ Phone: _____ Fax: _____ Email: _____

Are you willing to provide safety & task training as required by OSHA and/or Allied/Cook for your employees and subcontractors? Yes No

Does your company provide a health insurance plan to your employees? Yes No

If yes, what percentage of cost is covered by your company? _____ %

Do you have a written Safety & Health Program? Yes No

Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter? Yes No

If no, provide a description of your plan to assure they can safely perform their jobs.

Do you have personnel trained to perform first aid & CPR? Yes No

Do you hold documented site safety & health meetings? Yes No

Is applicable Personal Protection Equipment (PPE) provided for employees? Yes No

Do you conduct inspections on operating equipment (e.g. cranes, forklifts, JLGs) in compliance with regulatory requirements? Yes No

Form Completed by: _____

Title: _____ Email: _____

This document must be signed by a company officer.

Signature Title Date

Print Name

**PQF EVALUATION
-- ALLIED/COOK USE ONLY --**

DO NOT FILL OUT – OWNER USE ONLY

Contractor is:

- Acceptable for Approved Contractor List
- Conditionally acceptable for Approved Contractor List

Conditions: _____

- Does not meet necessary qualifications.

Reviewed by:

_____ Estimator
_____ Super
_____ PM