



Phone: 602-225-9500  
Fax: 602-231-8590

## Subcontractor Pre-qualification Questionnaire

All prospective subcontractors / suppliers interested in working with Hunt Construction Group on future projects are required to complete this questionnaire. The content of this questionnaire will be considered confidential and used solely to determine each firm's qualifications. **Please save the completed form and email as an attachment to the West Division at [mhernandez@huntconstructiongroup.com](mailto:mhernandez@huntconstructiongroup.com).**

### I. General information

- A. Name of business \_\_\_\_\_
- B. Address of Business \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
- C. Contact Name and Title \_\_\_\_\_
- D. Applicable SIC Code(s) \_\_\_\_\_
- E. Trade Description \_\_\_\_\_
- F. Listed in Dun & Bradstreet? \_\_\_\_\_ If yes, Rating? \_\_\_\_\_
- G. Union, Non-Union or both? \_\_\_\_\_
- H. Tax ID Number \_\_\_\_\_

### II. Organization

- A. Business Type: \_\_\_\_\_
- B. Date Founded: \_\_\_\_\_ State of Formation \_\_\_\_\_
- C. Key Officer Name \_\_\_\_\_ Title \_\_\_\_\_ Years in Position \_\_\_\_\_
- Manager Name \_\_\_\_\_ Title \_\_\_\_\_ Years in Position \_\_\_\_\_
- Principal Name \_\_\_\_\_ Title \_\_\_\_\_ Years in Position \_\_\_\_\_



- D. Please check all that apply:
- Minority Owned Small Business
  - Women Owned Small Business
  - Small Disadvantaged Business
  - Hudzone Small Business
  - Veteran Owned Small Business
  - Service Disabled Veteran Owned Small Business
  - Native American Owned Business
  - Alaskan Native Owned Business
  - Other

E. All other names your firm has worked under \_\_\_\_\_

F. Firm owned or controlled by parent company or other organization? \_\_\_\_\_

Describe: \_\_\_\_\_

**III. Licensing Information**

A. Please list all trade and professional licenses, if any, required to perform your services.

Type of License \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

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Type of License \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Type of License \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Name of Licensees \_\_\_\_\_

B. Has any license ever been denied or revoked? \_\_\_\_\_ Describe: \_\_\_\_\_

C. Has a complaint ever been filed with a Contractor's State License Board against your firm? \_\_\_\_\_

Describe: \_\_\_\_\_



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#### IV. Work Experience

- A. Please attach a list of the major projects your firm has completed in the last 3 years. Specify project name, location, owner, architect/engineer, general contractor, contract amount, completion date, contact person, and phone number.
- B. What is your average job size? \_\_\_\_\_ Largest job completed? \_\_\_\_\_ Year \_\_\_\_\_
- C. Backlog- today: \_\_\_\_\_ Last financial statement: \_\_\_\_\_ 12 months ago: \_\_\_\_\_
- D. Has your firm ever failed to complete any work awarded or been terminated for cause during the last 3 years? \_\_\_\_\_ Explain: \_\_\_\_\_
- E. Any pending judgments, claims, arbitration proceedings, pending suits, or outstanding suits? \_\_\_\_\_  
Explain: \_\_\_\_\_
- F. Has your firm filed any lawsuits or requested arbitration in regards to construction contracts in the last 3 years? \_\_\_\_\_ Explain: \_\_\_\_\_
- G. Has your firm ever been in bankruptcy or engaged in a voluntary or involuntary reorganization? \_\_\_\_\_ Explain: \_\_\_\_\_
- H. Has your surety ever finished one of your projects? \_\_\_\_\_  
Explain: \_\_\_\_\_
- I. Has your firm been suspended or debarred from work with the federal government or any government entity? \_\_\_\_\_ Explain: \_\_\_\_\_
- J. Has your firm ever been subject to any false claims act investigations? \_\_\_\_\_  
Explain: \_\_\_\_\_

#### V. Financial Information

- A. Please attach your firm's most recent financial statement (audited if available) for the entity that will be signing the subcontract.
- B. This year's estimated annual sales volume: \_\_\_\_\_



C. Annual sales volume for 2010: \_\_\_\_\_ 2009: \_\_\_\_\_ 2008: \_\_\_\_\_

D. From financial statement – Working Capital: \_\_\_\_\_ Net Worth: \_\_\_\_\_

Current ratio – current assets divided by liabilities: \_\_\_\_\_

Leverage ratio – total liabilities divided by net worth: \_\_\_\_\_

E. Please attach a list of major projects your firm currently has in progress (including projects awarded but not started), indication the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete, scheduled completion, date, contact person, and phone number.

**VI. References**

A. Banking reference \_\_\_\_\_

B. Bonding Company \_\_\_\_\_

Agent \_\_\_\_\_

Length of current Surety relationship \_\_\_\_\_

Bonding capacity – single limit: \_\_\_\_\_

Total program Bonding Limit: \_\_\_\_\_

Largest bond issued: \_\_\_\_\_ Date of Bond \_\_\_\_\_

Most recent bond amount: \_\_\_\_\_ Premium \_\_\_\_\_

C. Please attach a letter from your bonding company, signed by an attorney in fact, verifying the Surety name, length of relationship and aggregate limits reflected above.

**VII. Safety and Health**

A. Please list your firm’s Worker’s compensation interstate experience modification rate (EMR) for the most recent 3 years. (If available, please attach a copy of your insurance agent’s verification letter.)

2010 EMR \_\_\_\_\_ 2009 EMR \_\_\_\_\_ 2008 EMR \_\_\_\_\_



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- B. Does your firm have a full time safety representative? \_\_\_\_\_
  
- C. Has your firm ever had any OSHA fines or jobsite fatalities within the last 3 years? \_\_\_\_\_  
Explain: \_\_\_\_\_
  
- D. Please attach copies of your OSHA No. 300 log(s) for the last 3 years, along with your most current log to date.
  
- E. Please attach copies of your OSHA Recordable Incident Rate and Lost Workday Incident Rate for the last 3 years including year to date.

**VIII. Additional Information**

Please attach any additional information you feel will help us determine your firm's qualifications and expertise, including owner or general contractor references, etc.

.....  
BY ENTERING NAME BELOW I HEREBY CERTIFY THE ABOVE INFORMATION IS ACCURATE, CORRECT, AND TRUE.

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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