



PLEASE FILL OUT THE ATTACHED SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION STATEMENT TO DETERMINE IF YOUR COMPANY IS ELIGIBLE TO BE INCLUDED IN OUR LIST OF POTENTIAL BIDDERS FOR FUTURE BUILDING AND CIVIL PROJECTS.

ONCE COMPLETE PLEASE EMAIL TO ADMINDOCUMENTS@DONDLINGERCONST.COM OR FAX TO (316) 945-9009.

IF YOU HAVE ANY QUESTIONS REGARDING THE SUBCONTRACTOR/SUPPLIER QUALIFICATION PROCESS PLEASE CALL (316) 945-0555 TO GET IN TOUCH WITH OUR CONTRACTS GROUP.

SUBCONTRACTOR/SUPPLIER PREQUALIFICATION STATEMENT



DATE: _____

Name of Firm: _____

Address of Firm: _____ City: _____ State: ____ Zip: _____

Telephone:(____)_____ Fax:(____)_____ Website: _____

1. Union or Non-Union: _____

2. Tax Identification Number: _____

3. Date Founded: _____

4. Years in Business: _____

5. Trade Description/Business Type: _____

6. Total Employees: _____ Office Total: _____ Field Total: _____

7. Please return a current W-9 with your submission: _____

8. Main Contact Person: _____ Title: _____

a. Years in Position: _____ Email: _____

9. License Type and Numbers:

_____- _____
_____- _____

10. Total Bonding Capacity \$: _____ Bonding Co.: _____

Value of Current Work Bonded \$: _____ Bond Rate: _____

Agent: _____

Phone #: _____

11. Dondlinger Insurance Requirements:

General Liability \$2,000,000.00 Subcontractor's Current Limit: _____.

Auto Insurance \$1,000,000.00 Subcontractor's Current Limit: _____.

Umbrella Insurance \$1,000,000.00 Subcontractor's Current Limit: _____.

Worker's Comp. \$500,000.00 Subcontractor's Current Limit: _____.

Insurance Agent's Name (include address, phone number, contact person): _____

**SUBCONTRACTOR
PREQUALIFICATION
STATEMENT**



12. Is Subcontractor registered as a DBE? YES / NO City & State certified in: _____
(Include a copy of certification)

13. Does Subcontractor have a written Safety Program? YES/NO

14. What is your current EMR Rating? _____

15. Does your firm have a designated full time safety representative? YES / NO

If Yes, please provide name and contact number: _____

16. Has your firm; Failed to complete a Contract YES / NO ; Been involved in bankruptcy or reorganization YES / NO;
have any pending judgments, claims or suits against firm? YES / NO . (If the answer to any is yes, please include
detailed information on separate sheet.)

17. In the previous three years has your firm been cited for a serious (as defined by O.S.H.A.) violation? YES / NO

If yes, explain:

18. List three (3) significant projects your firm has completed in the last five (5) years:

PROJECT/LOCATION	GEN'L CONTRACTOR	SUBCONTRACT AMT	DATE COMPLETED	CONTACT & PH. #
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(1) _____

(2) _____

(3) _____

**SUBCONTRACTOR
PREQUALIFICATION
STATEMENT**



19. List three (3) significant projects your firm presently has under construction:

PROJECT/LOCATION	GEN'L CONTRACTOR	SUBCONTRACT AMT	PERCENT COMPLETE	CONTACT & PH. #
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(1) _____

(2) _____

(3) _____

This form must be signed by an individual authorized to do so on behalf of the firm.

Signature: _____

Name: _____

Title: _____

Date: _____