



# SUBCONTRACTOR PRE-QUALIFICATION

## 1. SUBCONTRACTOR IDENTITY

### 1a.

Company Name: \_\_\_\_\_  
Area of Expertise: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Tax ID or SS Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_

1b. Type of Company (Check Applicable Box): Corporation  Partnership  Limited Liability Co.

1c. Date Company Formed: [Click here to enter a date.](#)

1d. State of Incorporation: \_\_\_\_\_

1e. Total Number of Employees: a. In Nueces County? \_\_\_\_\_ B. Outside Nueces County? \_\_\_\_\_

1f. In what state is company legally qualified to do business (Include type and license numbers):

State: \_\_\_\_\_ License Number: \_\_\_\_\_

1g. Names and titles of key personnel in company:

\_\_\_\_\_  
\_\_\_\_\_

1h. Has the company operated under any other name in the past five years? Yes  No

If yes, give name(s): \_\_\_\_\_

1i. Does the company have offices, plants, or warehouses at other locations? Yes  No

If yes, give location(s): \_\_\_\_\_

1j. How many years has your organization been in business as a contractor under your present business name? \_\_\_\_\_ Years.

1k. If applicable, what previous names has your firm had in the last five years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. FINANCIAL INFORMATION

2a. Does the company have a line of credit from any lending institution? Yes  No   
If yes, provide details: \_\_\_\_\_

2b. Lender's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2c. State your firm's annual average receipts over the past 3 fiscal years: \$ \_\_\_\_\_

## 3. DBE CERTIFICATION

3a. Is the company a certified, or any other type of certified business enterprise?  
Yes  No  If yes, which type?

## 4. BONDING AND INSURANCE

4a. Do you have the ability to bond projects? Yes  No

If yes, date of last bonded project: \_\_\_\_\_  
Single project limit: \_\_\_\_\_  
Aggregate Limit: \_\_\_\_\_  
Bonding Company Name & Address: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_

## 5. OTHER INFORMATION

5a. Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?  
Yes  No  If yes, give date: \_\_\_\_\_

5b. During the past five years, have any liens been filed against you by any of your subcontractors  
or suppliers? Yes  No  If yes, provide details: \_\_\_\_\_

5c. Have you ever failed to complete a contract, been defaulted, or had a contract terminated?  
Yes  No  If yes, provide dates and details: \_\_\_\_\_

5d. In the past five years, has your company or any of its key personnel been involved in any lawsuits  
rising from construction projects? Yes  No   
If yes, provide details: \_\_\_\_\_

**6. REFERENCES - Attach extra sheet if necessary**

**6a.** List four (4) previous or ongoing construction projects for whom your firm has provided similar type services as required on this construction project. Provide the name of a contact person for each project, address, zip code, and telephone number who can be contacted to provide reference information on each construction project (Use separate sheet if needed).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**6b.** Trade References (List three of your subcontractors or suppliers; include name, contact, and phone)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**6c.** Client References (List three clients, include name, contact and phone number)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**6d.** Have you or your organization, or any officer or partner thereof, failed to complete a Contract?

Yes  No  If yes, give details: \_\_\_\_\_

**6e.** List the names of three persons from your firm and their titles who will be assigned to this project:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**6f.** Does your firm maintain a drug free work place? Yes  No

**6g.** Does your firm have a quality system? Yes  No  **If yes, submit a copy of your firm's quality manual.**

**6h.** Has company ever been placed on a debarred list? Yes  No

**7. SAFETY RECORD**

**7a.** In the past five years, has your company or any of its key personnel been investigated for or found to have committed a serious OSHA violation? Yes  No   
If yes, provide details:

**7b.** What is your current Workman’s Compensation EMR rate?:

**Please attach a copy of current EMR.**

**7c.** Do you have a written employee safety policy and program? Yes  No

**7d.** Are there any open or aggregate liability claims that would impair your ability to insure any project?  
Yes  No  If yes, provide details:

**7e. Please Submit Current Copy of Insurance Certificate to FDLLC - See page 5 for Example Certificate**

**7f.** Obtain from your Insurance Company(s) your interstate Workers' Compensation Experience Modification Rate (EMR) for the last three (3) rating periods. If you do not have an interstate rating, obtain your intrastate EMR's.

Current Policy Year: \_\_\_\_\_  
1 year previously: \_\_\_\_\_  
2 years previously: \_\_\_\_\_

To verify the above, please provide one of the following:

- 1) A certified letter from your insurance company verifying the EMR.
- 2) A photocopy of the last three (3) year's Experience Rating calculation sheets.
- 3) A copy of your insurance policy for the last three (3) years that reflects the modification rate and the coverage period.

**7f.** Is your firm/company self-insured for Workers Compensation? Yes  No

**7g.** OSHA Recordable/Reportable Incidents and Inspection Reports (last 3 years)

- a. Provide the following items:
  - 1) Copies of your companies OSHA Form 300 and 300A or state equivalent reporting form
  - 2) Number of violations issued by Dept. of Labor (OSHA). Provide explanation type (i.e. willful, serious, de minimis, etc.), penalty assessed, and status.
- b. Approximate number of "non-reportable" first aid/one time treatment injuries or incidents.

**7h.** Approximate number of incidents e.g., injuries, fatalities and vehicle accidents involving subcontractor employees while operating on projects you managed

**7i.** Total number of citations/violations issued by any other federal, state and/or municipal authority including, but not limited to TNRCC, TWCC, City of Corpus Christi, etc. Provide violation date, a brief explanation and current status for each violation.

**7j.** Provide brief synopsis of your firm’s safety education and training programs, safety incentive programs, modified duty and return to work programs and corporate safety team composition and hierarchy.

Contractor hereby warrants that all information supplied pursuant to this form is true, accurate and complete. In the event copies of documents are furnished, contractor warrants that such copies have not been altered in any way from the original document(s).

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

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





The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Please send completed pre-qualification form to Flatiron/Dragados, LLC's Procurement Department:  
[procurement@harborbridgeproject.com](mailto:procurement@harborbridgeproject.com)