



SUBCONTRACTOR PREQUALIFICATION FORM

Please fill out all the information requested and return to;

The Hagerman Group
10315 Allisonville Road
Fishers, IN 46038
or email to mking@hagermangc.com

GENERAL INFORMATION			
Company Name:			
Street Address:			
P. O. Box #:			
City, State, Zip Code			
Phone:		Website:	
If company is a subsidiary, list Parent Company name:			
Year the business was established:			
Other names the company has operated under, as well as other companies that are (or have been) founded by the current company;			

Company type: Corporation Sole Proprietor Joint Venture LLC
 Partnership DBA Individual

Ownership type: (include a copy of all certifications that apply to the ownership)

Minority Owned Business Enterprise Women Owned Small Business
 Women Owned Business Enterprise HUB Zone Small Business
 Small Business Veteran Owned Small Business
 Small Disadvantaged Business Service Disabled Veteran Owned Small Business

Business Type							
List the trade work your company performs:							
List the geographical areas in which your company works:							
Total number of employees	Total:		Office:		Shop:		Field:
Are you directly or indirectly signatory to any labor union agreements?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, which union:							

Work Experience

***Please attach a list of the **major projects** your company has in progress indicating the project name, location, owner, general contractor, contract amount, percent complete, scheduled completion date, and the contact person.

***Please attach a list of the major projects your company has completed in the last 3 years indicating the project name, location, owner, general contractor, contract amount, completion date, and the contact person.

Average project size:

Financial

Annual sales volume for last 3 years	Year	Sales
Largest single contract awarded in the last 3 years:		
Current backlog:		
Backlog 12 months ago:		

Please attach last 2 years of audited financial statements including balance sheets, income statements, and opinion letter from auditors. Also include your most recent WIP Statement.

Banking

Bank name:	<input style="width: 980px; height: 20px;" type="text"/>		
Bank address:	<input style="width: 980px; height: 20px;" type="text"/>		
Contact name:	<input style="width: 980px; height: 20px;" type="text"/>		
Contact Phone #:	<input style="width: 980px; height: 20px;" type="text"/>		
Does your company have a line of credit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Secured <input type="checkbox"/>
What is the amount of your line of credit?	<input style="width: 980px; height: 20px;" type="text"/>		
Amount currently available on your line of credit?	<input style="width: 980px; height: 20px;" type="text"/>		

Bonding

Is your company bondable?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, the bonding company name:	<input style="width: 980px; height: 20px;" type="text"/>		
Bonding agency:	<input style="width: 980px; height: 20px;" type="text"/>		
Bonding agent name:	<input style="width: 980px; height: 20px;" type="text"/>		
Bonding agents address:	<input style="width: 980px; height: 20px;" type="text"/>		
Phone #	<input style="width: 980px; height: 20px;" type="text"/>		
Your bonding capacity per project:	<input style="width: 980px; height: 20px;" type="text"/>	Aggregate Amount:	<input style="width: 980px; height: 20px;" type="text"/>

Insurance

Insurance agent / broker:	
Contact:	
Phone #:	

Please attach a Blanket Certificate of Insurance with this pre-qualification form, to cover all projects with Hagerman. The limits must meet or exceed those listed on attached specimen certificate.

A project-specific Certificate of Insurance will be required at a later date for each job your company works on.

Safety

Please provide your Experience Modification Rating (EMR) for the past 3 years:	Year	EMR
How many OSHA violations were recorded for the most recent year?		
Were any violations willful?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach explanation
Any employee deaths in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach explanation
Does your company have a qualified person responsible for safety within your company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide the name and contact information for that person:		
Does this person do safety inspections on all your projects?		

References

Company	Contact	Phone #

The undersigned certifies under oath that the information provided herein is true and complete. Additionally, the undersigned recognizes Hagerman will be relying on the accuracy of the information provided herein in determining whether to allow your company to provide bids on projects and in awarding contracts to your company.

Completed by: _____ Signature: _____

Title: _____ Date completed: _____

Required attachments:

Major projects in process Blanket Certificate
 Major projects completed OSHA Form 300A
 Financial statements & WIP

Optional Attachments:

Explanations / Certifications