

SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for Case Contracting Company. Return completed form to:

Case Contracting Company 2311 Turkey Creek Road, Plant City, FL 33566 Attention: Estimating

PLEASE NOTE: This form must be filled out completely. Missing information may result in disqualification of consideration.

Application Date:								
Background								
Company Name		Type of C	Company	Type of Work Performed				
Street Address				Phone Number Fax Number				
City/State/Zip	Principal Contact			Email Address				
Year Business was Established	States We Do Work In	Union	Non- Union	Previous Name of Company (if applicable)				
Contractor's License #	D&B #		Qualifie	d Minority Busine	Minority Business? MBE WBE DBE			
Safety								
•								
List your Company's # of Injuries/Illness	ses from your OSHA 300 Lo	gs as follows:		Last Year	1st Pric	or Year	2 nd Pri	or Year
Experience Modification Rate (EMR).								
Total # of Fatalities. (From Column G on th	e OSHA 300 Log)							
Total # of OSHA Recordable Incidents. (To	Log)							
Total # of Lost Work Day Incidents. (Colum								
Total # of other recordable cases. (Column	J on the OSHA 300 Log)							
Total # of Annual Man-Hours Worked.								
Please check if your Company impleme	nts the following safety cor	trole:	•		Vas		Ne	`
Please check if your Company impleme Has a Written Safety Program.	nts the following safety cor	ntrols:			Yes		No)
		ntrols:			Yes		No)
Has a Written Safety Program.	for all Employees.	ntrols:			Yes		No)
Has a Written Safety Program. Has an Implemented Drug Screening Policy	r for all Employees.	ntrols:			Yes		No)
Has a Written Safety Program. Has an Implemented Drug Screening Policy Performs Safety Orientation & Training for a	r for all Employees.	ntrols:			Yes		No	
Has a Written Safety Program. Has an Implemented Drug Screening Policy Performs Safety Orientation & Training for a Performs Continuing Safety Education for a	r for all Employees.		none Numbe	of .		Address	No	
Has a Written Safety Program. Has an Implemented Drug Screening Policy Performs Safety Orientation & Training for a Performs Continuing Safety Education for a Safety/Health Professional Contact: Name	of for all Employees. all Employees. Il Employees. Title	Pt	none Numbe	of T		Address	No	
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SUBCONTRACTOR PRE-QUALIFICATION FORM

Financial History										
Please provide answers to the following questions and	s to the following questions and attach explanations where necessary: Yes No									
re there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or sofficers or principals?										
Has your firm ever filed bankruptcy?										
Has your firm filed any lawsuits or requested arbitration or montracts within the last three (3) years?										
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.										
Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including any unsettled litigation or arbitration.										
References (The below references may be contacted by Case Contracting Company for verification purposes.)										
Provide three client references.										
Company Name	Contact	Phone Number								
Company Name	Contact	Phone Number								
Company Name	Contact	Phone Number								
Provide three supplier references.										
Company Name	Contact	Phone Number								
Company Name	Contact	Phone Number								
Company Name	Contact	Phone Number								
I hereby certify that the information submitted herein, including any attachments is true and sufficiently complete so as not to be misleading.										
Completed by:										
(Print or Type)	((Signature)								
Title:	Date:									
For Office Use Only										
. S.										
Reviewed By:	Date:									

Date:_____

Approved By:_____