

Trade Contractor Pre-Qualification Form

General Information				
Date				
First name		Last name		
Company Information				
Company				
Address 1				
Address 2				
City		State		Zip
Years in business under present name				
Type of work performed				
What markets do your firm work in?	Advanced Technologies	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
	Education	<input type="checkbox"/>	Food & Beverage	<input type="checkbox"/>
	Healthcare	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
DUNS number		Dunn & Bradstreet rating		
President/CEO				
Safety Director/Manager				
Person in your firm for inquiries				
Email address				
Phone number				
Total office staff		Total field staff		
Percentage of self-performed work				
Work in place last year (\$)				
Average annual sales last three years (\$)				
Is your firm in compliance with EEO?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your firm in compliance with MBE, WBE, DBE, etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If "yes," please also submit your certificate or other supporting documentation verifying this status and type.</i>				
Is your firm Veteran-owned?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your firm Union or Non-Union?	Union	<input type="checkbox"/>	Non-Union	<input type="checkbox"/>
Has your firm ever failed to complete a contract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your firm, owner, or any officer of the firm ever been involved in bankruptcy reorganization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has your firm, owner, or any officer of the firm had pending judgments, claims, or suits against it/them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If "yes," please describe briefly.</i>				

Please email your completed form and all required attachments to prequalification@csmgroup.com.

Finance & Insurance Information					
Firm's bank					
Address 1					
Address 2					
City		State		Zip	
Contact					
Email address					
Phone number					
Insurance agent					
Address 1					
Address 2					
City		State		Zip	
Total bonding capacity (\$)					
Value of work currently bonded (\$)					
What is your firm's credit rating?					
<i>OPTIONAL: Please submit a copy of your firm's latest Audited Financial Statement.</i>					
Recently Completed Project					
Project					
Address 1					
Address 2					
City		State		Zip	
Architect					
Contract amount (\$)		Completion date (MM/YY)			
Client contact					
Email address					
Phone number					
Please list the state(s) your firm is qualified to do business in					
Is your firm registered to collect sales and use tax in the states(s) where your firm is qualified to do business?			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Health & Safety Information					
Number of Lost Workday Cases					
2015		2016		2017	
Number of Cases with Medical Attention Only					
2015		2016		2017	
Number of Restricted Workday Cases					
2015		2016		2017	

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Number of Fatalities					
2015		2016		2017	
Total Recordable Incident Rate (TRIR)					
2015		2016		2017	
Experience Modification Rate (EMR)					
2015		2016		2017	
<i>Please submit a letter from your insurance agent confirming your EMR ratings from the last three (3) years.</i>					
Please Provide Any General Liability Losses					
2015		2016		2017	
Total Number of Employee Hours Worked					
2015		2016		2017	
Total Number of Illness and/or Injury Hours					
2015		2016		2017	
Please indicate the frequency of job site safety inspections					
Monthly	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Daily	<input type="checkbox"/>
Who is responsible for performing job site safety inspections?					
Name				Phone Number	
If inspections are performed by a third party, please indicate the name of the company.					
How many OSHA violations has your firm received in the last three years?					
What was/were the severity of the violation(s)?					
What actions were taken to correct the issue(s)?					
How is an accident and/or illness case recorded?					
Please describe your safety training program.					
Do you have full-time safety representation on site when you have employees working?			Yes	<input type="checkbox"/>	No
Please provide a list of your company's requested safety training.					
Signature & Submittal					
Signature					
Name		Title			
Make sure to include the following attachments when you submit your completed form:					
<input type="checkbox"/> If a MBE, WBE, or DBE, certificate(s) or other supporting documentation <input type="checkbox"/> Sample Certificate of Insurance <input type="checkbox"/> Letter from your financial institution indicating a current line of credit <input type="checkbox"/> Letter from your insurance agent confirming your EMR for the last three years <input type="checkbox"/> Most recent Audited Financial Statement (OPTIONAL)					