

Trade Contractor Pre-Qualification Form

Date					
First name		Last name			
Email		Cell			
Company Information					
Company					
Address 1					
Address 2					
City		State		Zip	
Phone number					
Fax Number					
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			
Main Contact Information					
President / CEO					
Name:		Cell:			
Title:		Email:			
Safety Director / Manager					
Name:		Cell:			
Title:		Email:			
Person in your firm for inquiries					
Name:		Cell:			
Title:		Email:			
Bid Contact Information (will receive notifications to bid):					
Contact 1:					
Name:		Cell:			
Title:		Email:			
Contact 2:					
Name:		Cell:			
Title:		Email:			
Contact 3:					
Name:		Cell:			
Title:		Email:			

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

Bidding Information (select all that apply):			
<input type="checkbox"/> Small Business (SBE)	<input type="checkbox"/> African American Business (AABE)	<input type="checkbox"/> Hispanic Business (HBE)	<input type="checkbox"/> Women’s Business (WBE)
<input type="checkbox"/> Historically Underutilized Business (HUB)	<input type="checkbox"/> Service-Disabled Veteran-Owned (SDVOSB)	<input type="checkbox"/> Affirmative Action	<input type="checkbox"/> Union Member
<input type="checkbox"/> Prevailing Wage	<input type="checkbox"/> Asian American Business (ABE)	<input type="checkbox"/> Native American Business (NABE)	<input type="checkbox"/> Minority Business Enterprise (MBE)
<input type="checkbox"/> 8a Business Enterprise (8a)	<input type="checkbox"/> Certified Business Enterprise (CBE)		
If any of the above are checked, please also submit your certificate or other supporting documentation verifying this status and type.			
Scope of Work (select all that apply):			
<input type="checkbox"/> 1.91 Commissioning	<input type="checkbox"/> 3.1 Concrete	<input type="checkbox"/> 3.4 Precast	
<input type="checkbox"/> 4.2 Masonry	<input type="checkbox"/> 5.1 Steel	<input type="checkbox"/> 5.4 Cold Formed Metal Framing	
<input type="checkbox"/> 5.5 Misc. Metals	<input type="checkbox"/> 6.1 General Trades	<input type="checkbox"/> 6.4 Casework	
<input type="checkbox"/> 7.4 Metal Panels	<input type="checkbox"/> 7.5 Membrane Roofing	<input type="checkbox"/> 7.9 Caulking/Sealants	
<input type="checkbox"/> 8.1 Doors, Frames & Hardware	<input type="checkbox"/> 8.3 OH Door	<input type="checkbox"/> 8.5 Wood Windows	
<input type="checkbox"/> 8.8 Aluminum Glass & Glazing	<input type="checkbox"/> 9.2 MS, Drywall & Acoustical	<input type="checkbox"/> 9.6 Floor Covering	
<input type="checkbox"/> 9.9 Painting	<input type="checkbox"/> 10.1 Lockers	<input type="checkbox"/> 10.2Specialties	
<input type="checkbox"/> 10.4 Signage	<input type="checkbox"/> 11.16 Loading Dock	<input type="checkbox"/> 11.4 Kitchen Equip	
<input type="checkbox"/> 11.6 Athletic Equip	<input type="checkbox"/> 11.9 Other Equip	<input type="checkbox"/> 12.2 Window Treatments	
<input type="checkbox"/> 12.5 Laboratory Casework	<input type="checkbox"/> 14.2 Elevator	<input type="checkbox"/> 14.6 Cranes & Hoists	
<input type="checkbox"/> 21.1 Fire Suppression	<input type="checkbox"/> 22.1 Plumbing	<input type="checkbox"/> 23.1 HVAC	
<input type="checkbox"/> 22.2 Mechanical	<input type="checkbox"/> 23.9 Building Controls	<input type="checkbox"/> 26.1 Electrical	
<input type="checkbox"/> 27.1 Data Cabling	<input type="checkbox"/> 28.1 Security	<input type="checkbox"/> 31.1 Earthwork	
<input type="checkbox"/> 32.1 Asphalt	<input type="checkbox"/> 32.2 Landscaping	<input type="checkbox"/> 32.3 Fencing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>
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"/>
If “yes,” please describe briefly.			

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"/>

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Health & Safety Information							
Number of Lost Workday Cases							
2017		2018		2019			
Number of Cases with Medical Attention Only							
2017		2018		2019			
Number of Restricted Workday Cases							
2017		2018		2019			
Number of Fatalities							
2017		2018		2019			
Total Recordable Incident Rate (TRIR)							
2017		2018		2019			
Experience Modification Rate (EMR)							
2017		2018		2019			
<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							
2017		2018		2019			
Total Number of Employee Hours Worked							
2017		2018		2019			
Total Number of Illness and/or Injury Hours							
2017		2018		2019			
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	<input type="checkbox"/>
Please provide a list of your company's requested safety training.							

Signature & Submittal			
Signature			
Name		Title	
<i>Make sure to include the following attachments when you submit your completed form:</i>			
<input type="checkbox"/> <i>If a MBE, WBE, or DBE, certificate(s) or other supporting documentation</i>			
<input type="checkbox"/> <i>Sample Certificate of Insurance</i>			
<input type="checkbox"/> <i>Letter from your financial institution indicating a current line of credit</i>			
<input type="checkbox"/> <i>Letter from your insurance agent confirming your EMR for the last three years</i>			
<input type="checkbox"/> <i>Most recent Audited Financial Statement (OPTIONAL)</i>			