

CHARLES BLANCHARD CONSTRUCTION CORPORATION



General & Mechanical Contractor

Industrial · Commercial · Historic

SUBCONTRACTOR PREQUALIFICATION FORM

Company Information (Please print or type)

Legal Business Name: _____

Street Address: _____

City/ State/ Zip: _____

Phone: _____ Contact Name _____

Fax: _____ Email _____

Mailing Address: _____

City/State Zip: _____

Name/ Title of Contract Signer: _____

Company Profile

Type of Company

Subcontractor (Furnish & Install) Subcontractor (Install Only)

Supplier (Materials Only)

Certified Minority Business Enterprise Contractor (MBE)? Yes No

Certified by: _____

Certified Women Business Enterprise Contractor (WBE)? Yes No

Certified by: _____

Certified Disadvantage Business Enterprise Contractor (DBE)? Yes No

Certified by: _____

Company Organization

Corporation Sole Proprietor LLC Partnership

General or Limited Joint Venture

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Date of Establishment (month/day/year): _____

State Where Established: _____

Federal ID Number _____

Contract Parent Company Name: _____

Number of Employees (Office and Field): _____

Licensing

List jurisdictions and trade categories in which your organization is legally qualified and insured to do business, and indicate registration or license numbers, if applicable.

Bonding and Insurance

Insurance Company: _____

Insurance Agent: _____ Phone: _____

Total Bonding Capacity \$ _____

Current Available Bonding Capacity/Single Job \$ _____

Please attach insurance certificates per Exhibit #1 Insurance Requirements.

Safety Information

Do you currently have a written Safety Program? Yes No

List your experience modification rate (EMR) for the last three years.

Year: _____ Rate: _____ Year: _____ Rate: _____

Year: _____ Rate: _____

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Number of OSHA recordable incidents over the last three years.

1. Year: _____

Annual Average Number of Employees: _____

Total Hours Worked by all Employees _____

Number of Cases

Total Number of Deaths _____

Total Number of Cases with Days Away from Work _____

Total Number of Cases with Job Transfer or Restriction _____

Total Number of Other Recordable Cases _____

Number of Days

Total Number of Days Away from Work _____

Total Number of Days of Job Transfer or Restriction _____

Injury and Illness Types

(1) Injuries ____ (3) Respiratory Conditions ____ (5) Hearing Loss ____

(2) Skin Disorders ____ (4) Poisonings ____ (6) All other illnesses ____

2. Year: _____

Annual Average Number of Employees: _____

Total Hours Worked by all Employees _____

Number of Cases

Total Number of Deaths _____

Total Number of Cases with Days Away from Work _____

Total Number of Cases with Job Transfer or Restriction _____

Total Number of Other Recordable Cases _____

Number of Days

Total Number of Days Away from Work _____

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Total Number of Days of Job Transfer or Restriction _____

Injury and Illness Types

(1) Injuries _____ (3) Respiratory Conditions _____ (5) Hearing Loss _____

(2) Skin Disorders _____ (4) Poisonings _____ (6) All other illnesses _____

3. Year: _____

Annual Average Number of Employees: _____

Total Hours Worked by all Employees _____

Number of Cases

Total Number of Deaths _____

Total Number of Cases with Days Away from Work _____

Total Number of Cases with Job Transfer or Restriction _____

Total Number of Other Recordable Cases _____

Number of Days

Total Number of Days Away from Work _____

Total Number of Days of Job Transfer or Restriction _____

Injury and Illness Types

(1) Injuries _____ (3) Respiratory Conditions _____ (5) Hearing Loss _____

(2) Skin Disorders _____ (4) Poisonings _____ (6) All other illnesses _____

Vendor References (Please list two vendor references who you have bought materials from in the last year.)

Company: _____ Contact Name: _____

Address: _____ Contact Phone: _____

City/State/Zip: _____ Email: _____

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Company: _____ Contact Name: _____
Address: _____ Contact Phone: _____
City/State/Zip: _____ Email: _____

General Contracting (Please list two general contractors with whom you have worked with.)

Company: _____ Contact Name: _____
Address: _____ Contact Phone: _____
City/State/Zip: _____ Email: _____

Company: _____ Contact Name: _____
Address: _____ Contact Phone: _____
City/State/Zip: _____ Email: _____

Bank Reference (Please list a bank with whom you have worked within the last two years.)

Company: _____ Contact Name: _____
Address: _____ Contact Phone: _____
City/State/Zip: _____ Email: _____

Claims and Suits

Have you failed to complete awarded work or been terminated for cause?

Yes No If yes, please explain. _____

Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization or officers?

Yes No If yes, please explain. _____

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Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

Yes No If yes, please explain. _____

Authorization

The submitter of this pre-qualification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose all information the reference may have regarding the submitter.

Do you agree to these terms?

Yes No

Dun & Bradstreet Number: _____

Company Name: _____

Signature of Officer: _____

Date: _____ Title: _____

Please send completed form to Ronnie Hendren, ronnie@blanchardconst.com