

PCI
SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE
(Print and fax or mail to PCI)
21717 Republic Oak Park, MI. 48237
(248) 542-3077/fax (248) 542-2570

All information submitted for pre-qualification evaluation will be considered official information acquired in confidence.

NAME OF FIRM: _____

CONTACT: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

E-MAIL ADDRESS: _____ TAX I.D. NO: _____

WEB SITE ADDRESS: _____

1. LICENSE

Contractor must be licensed in the State of Michigan. Submit the following:

A. Name of license holder exactly as on file with the Michigan State License Board.

B. License Number _____

License Classification _____ Expiration Date _____

2. COMPANY STRUCTURE

A. CORPORATION

Date of Incorporation _____ State of Incorporation _____

President _____ Vice President _____

Secretary _____ Treasurer _____

PARTNERSHIP

Date of Organization _____ General or Limited _____

Name and Address of Principals: _____

SOLE PROPRIETORSHIP

Address _____

B. How many years has your company been in business as a Contractor? _____

How many years has your company been in business under its present business name? _____

Under what other former names has your company operated?

Name _____ Years _____

Name _____ Years _____

List the scope/type of work normally performed with your own forces: _____

How much of your work is self-performed? _____% Subcontracted? _____%

Average Total Number of Employees: _____



Exempt: _____ Non-Exempt: _____ Craft: _____

Union Affiliation(s), if any: _____

3. FINANCIAL

A. Attach a copy of your latest profit and loss statement and balance sheet.

B. What was your company's average yearly volume of work for the past three years?

2002 _____ 2003 _____ 2004 _____

What was your company's net income for each of the last three years?

2002 _____ 2003 _____ 2004 _____

C. Average Contract Size \$ _____

Minimum: \$ _____ Maximum: \$ _____

Geographical Area of Work (please circle counties in which you conduct business):

Detroit Metro Area – Washtenaw – Genesee

Other: _____

D. Company's Dunn & Bradstreet No: _____

E. Has your company (either under current or previous name) ever filed for bankruptcy protection with the U.S.

Bankruptcy Court? Yes _____ No _____

If Yes, Date of Filing _____ Classification of Filing _____

F. Have any principals of your company, either past or present, been affiliated with any type of bankruptcy?

No _____ Yes _____ If Yes, Explain and Provide Dates: _____

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4. LITIGATION

A. Have you ever had a contract terminated for default within the past five years?

No _____ Yes _____ If Yes, Why? _____

When? _____

B. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company?

No _____ Yes _____ If Yes, Explain: _____

C. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?

No _____ Yes _____ If Yes, Explain: _____

5. INSURANCE

A. Can you provide current evidence or evidence of ability to insure to minimum limits ("Acord" Form or other)

of General Liability Insurance coverage as listed below (PCI Construction will not pay for special endorsements or waivers)? Yes _____ No _____

- Commercial General Liability - \$1 million each occurrence/\$2 million per project aggregate
- Additional Insured Endorsement listing owner, general contractor, and lender and construction management firm (if applicable) and their officers, directors, and employees – all in primary wording
- Worker's Compensation & Employers' Liability Insurance - \$1 million
- Waiver of Subrogation Endorsement
- Automobile Liability (Owned, Hired, Non-Owned) - \$1 million
- Excess Liability (Umbrella) – only required if General Liability is under \$2 million

6. BONDING

If you anticipate a contract of over \$100,000, please provide and complete the following:

A. Provide a certified letter from your bonding company identifying the bonding rate per \$1,000, the aggregate and single project bonding capacity of the Company.

B. Bonding company name: _____

Address: _____

Agent Name: _____ Phone Number: _____

A.M. Best Rating: _____

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7. REFERENCES



A. Bank Reference

Bank Name and Branch: _____

Account Manager: _____ Phone: _____

Address: _____

Line of Credit: _____ Amount in Use: _____

B. Customer

Please identify four General Contractors for whom you have worked in the past two years:

Company Name Contact Person Phone Number

C. Please identify three Subcontractor/Supplier references with whom you have worked in the past two years:

Company Name Contact Person Phone Number

8. SAFETY

A. List your company's experience modification rate (EMR) for the past three years. Provide a letter from your

insurance carrier or state fund (on their letterhead verifying the EMR data).

2002 _____ 2003 _____ 2004 _____

B. Has your company been cited by Cal OSHA, the EPA, or any other Air Quality Management District (or similar jurisdiction or agency) in the past five years?

Yes _____ No _____ How Often? _____ (Attach a sheet listing and describing each citation.)

C. Has your company ever been associated with or involved in a job site death(s)?

Yes _____ No _____

If yes, please explain: _____

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D. Do you require documented safety meetings be held for:

1. Field Supervisor Yes _____ No _____ Frequency _____

2. Employees Yes _____ No _____ Frequency _____

3. New Hires Yes _____ No _____ Frequency _____

Safety Director Name: _____

Safety Director Phone No: _____

The above information is true and correct to the best of my knowledge.

Signed Printed Name Date

