



SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

As a General Contractor, a large part of Austin Bridge & Road’s project success depends upon selecting reliable and highly qualified subcontracting partners. For this reason we have established a pre-qualification process to help us better understand your operational capabilities, safety record, financial stability and liquidity. Additionally, with this information, we can better match future Austin opportunities to your company’s capabilities.

Please complete the form below and email (form and attachments) to abrswpregual@austin-ind.com or fax to 602.267.9183.

Note: If the form is not complete, it could result in approval delay or your prequalification could be rejected entirely. Additional information may be requested by Austin Bridge & Road or the project owner i.e., key resumes.

I. COMPANY INFORMATION

- a. Company Legal Name: _____ Federal Employer ID#: _____
- b. Parent Company (if applicable): _____ Year Founded: _____
- c. Subsidiaries/Divisions: _____
- d. Address: _____

- e. Phone: _____ Fax: _____
- f. Website: _____
- g. Contractor License #: _____ State: _____ Classification: _____
- j. Company Type: Corporation Partnership LLC ESOP
 Wholly-Owned Subsidiary Sole Proprietor Joint Venture
- k. Affiliation: Union Non-Union **Name of Union:** _____
- l. Officers and Owners (list all officers and/or owners with greater than 10% ownership).

Name	Title	Ownership %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- m. Primary points of contact within your organization:

Department	Name	Phone / Fax	Email
Estimating	_____	_____	_____
Accounting	_____	_____	_____
Warranty	_____	_____	_____
Safety	_____	_____	_____

- m. Check your company’s area of operations: Central Arizona (Phoenix) Northern AZ Southern AZ
 Eastern AZ Western AZ Albuquerque, NM Las Vegas, NV Salt Lake City / St. George, UT

II. FINANCIAL INFORMATION

h. Dun & Bradstreet #: _____

i. Historical financial information (past 3 years):

Year Ending	Revenue	Ending Backlog

j. Provide a recent balance sheet (as part of this submission, we require a recent balance sheet showing current assets, current liabilities, and equity to calculate your aggregate contractual threshold limit. All subcontractor financial information is held in strict confidence and viewed only by our regional manager.)

k. Bank line of credit: \$ _____ Unused Portion: \$ _____

l. Name of Primary Bank: _____

m. Outside accountant / auditor (firm name): _____

n. Describe all lawsuits, judgement, or disbarment in the last 5 years: _____

o. Have any of your principals or officers ever filed for bankruptcy either personally or for a business they were associated with? Yes No

II. SURETY AND BONDING

a. Check the size of Subcontractor or Purchase Order your company typically performs:

Less than \$100,000 \$100,000 - \$500,000 \$500,000 - \$1,500,000 Over \$1,500,000

b. Can your company furnish a Payment and Performance Bond: Yes No

c. Surety Company (indicate if none): _____

d. Surety broker / agent contact: _____

e. Bonding Capacity: _____ Per Job \$ _____ Aggregate \$ _____

f. Bond Rate (per thousand): _____

Please provide a letter from your surety confirming your capacity and good standing

III. INSURANCE INFORMATION

Austin Bridge & Road requires the following insurance from its subcontractors

MINIMUM LIMITS OF LIABILITY: Subcontractor will obtain insurance with limits as outlined below, or such high limits if imposed by the Owner or by Austin Bridge & Road.		
TYPE OF INSURANCE	ALL LIMITS IN THOUSANDS	
General Liability	General Aggregate (per project)	\$2,000
Commercial	Products Comp/Ops Aggregate	\$1,000
Occurrence	Personal & Advertising Injury	\$1,000
<input checked="" type="checkbox"/> Austin Bridge & Road, LP as an additional insured by endorsement	Each Occurrence	\$1,000
	Fire Damage (any One Fire)	\$ 50
	Medical Expenses (any One Person)	\$ 5
Automobile Liability		
All Owned Autos	Bodily Injury (per person)	
Hired Autos	Bodily Injury (per accident)	
Non-Owned Autos	Property Damage	
<input checked="" type="checkbox"/> Austin Bridge & Road, LP as an additional insured by endorsement	Or Combined Single Limit (CSL)	\$1,000
Umbrella Liability		
Each Occurrence		\$2,000
Aggregate		\$2,000
Worker's Compensation (Coverage A)	Coverage A – Statutory	
Employer's Liability (Coverage B)	Coverage B - \$500 (each accident)	
	\$500 (Disease – Policy Limit)	
	\$500 (Disease – Each Employee)	
Other		
The Workers Compensation and Employers Liability Policy waive the carrier's right to subrogation against Austin Bridge & Road, LP. The above policies shall be endorsed to provide that in the event they are to be canceled or not renewed, the carrier will give at least 30 days prior notice of expiration date to Austin Bridge & Road, LP by registered or certified mail.		

- a. Do your company's existing insurance policies meet these requirements? Yes No
- b. Please provide a sample Certificate of Insurance as an attachment to this form.

IV. SAFETY

- a. Provide your worker's compensation experience modification rate (EMR) for the last 3 years

 Current Last Year Two Years Ago

- b. In the last 5 years, has your company been sited by OSHA for a "serious" or "willful" violation? Yes No
- If yes, please explain: _____
- _____
- _____

- c. Provide a copy of your current OSHA 300 log as an attachment to this form.

V. PERFORMANCE INFORMATION

- a. Has an owner or general contractor terminated your contract for cause in the last 5 years? Yes No
If yes, please explain: _____

- b. Has your company failed to complete any construction contracts in the last 5 years?
If yes, please explain: _____

- c. Please provide **5** supplier or financial trade references as an attachment to this form including name, address, contact and phone number.
- d. Please provide at least **3** reference projects as an attachment to this form including contact information for owner or general contractor and brief scope of work your company provided.

VI. MINORITY INFORMATION

Please check all that apply to your company:

a. MBE (Minority Business)

- AABE (African American Business)
- ABE (Asian American Business)
- HBE (Hispanic Business)
- NABE (Native American Business)
- WBE (Women Owned Business)
- DBE (Disadvantaged Business)
- SBE (Small Business)
- 8A
- HUBZone (Historically Underutilized Business)
- None of the above

b. Certification Status

- N/A
- Self
- Public
- Federal

City: _____ County: _____ State: _____

VII. SIGNATURES OF SUBCONTRACTOR

Name: _____
Signature: _____
Title: _____
Date: _____

VIII. INTERNAL

Name: _____
Date: _____
Approve? Yes No
Aggregate Limit: _____

Email completed worksheet and attachments to: abrswprequal@austin-ind.com or fax to 602-267-9183