

SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for Veliz Construction. Return completed form to:
prequalification@velizconstruction.com

Background				
Company Name	Type of Company	Type of Work Performed		
Street Address		Phone Number	Fax Number	
City / State / Zip	Principal Contact		Email Address	
Year Business was Established	State Registered to Work In	Union Non- Union	Previous Name of Company (if Applicable)	
Contractor's License #	D & B #	Qualified Minority Business? <div style="display: flex; justify-content: space-around; font-size: small;"> MBE WBE DBE </div>		
Safety				
List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows:		Last Year	1st Prior Year	2nd Prior Year
Experience Modification Rate (EMR)				
Total # of Fatalities. (From Column G on the OSHA 300 Log)				
Total # of OSHA Recordable Incidents. (Total of Columns H, I, and J on the OSHA 300 Log)				
Total # of Lost Work Day Incidents. (Column H on the OSHA 300 Log)				
Total # of other recordable cases. (Column J on the OSHA 300 Log)				
Total # of Annual Man-Hours Worked				
<ul style="list-style-type: none"> Attach and submit EMR letter and OSHA 300 for the last 3 years 				
Please check if your Company implements the following safety controls:			Yes	No
Has a Written Safety Program?				
Has an Implemented Drug Screening Policy for all Employees?				
Performs Safety Orientation & Training for all Employees				
Performs Continuing Safety Education for all Employees				
Safety / Health Professional Contact:				
Name	Title	Phone Number	Email Address	
Past Performance and Experience				
Provide summary of three largest projects in the last 5 years	Location	Start	Completion	Contract Amount
Provide summary of all projects under consideration of award	Location	Start	Completion	Contract Amount

Financial History					
Please provide the following information for the past three fiscal years:					
	Gross Revenue (\$)	Gross Margin (%)	Net Profit/Loss (\$)	# of Projects Completed	Largest Single Project (\$)
2nd Prior Year					
1st Prior Year					
Last Year					
What is your backlog as of today: \$			As of December 31 st Last Year: \$		
Please attach your firm's current financial statements (Your financial statements must be audited by a 3 rd party if the proposed contract value is greater than \$500,000). In lieu of providing financial statements, Veliz Construction will accept a Letter of Bondability from your Surety company (NOT your surety agent) on its letterhead. The letter should include your single job and aggregate parameters.					
Please provide answers to the following questions and attach explanations where necessary:					
				Yes	No
Are there any judgments, claims, arbitrations, proceedings or suite ending/outstanding against your firm or its officers or principals?					
Has your firm ever filed bankruptcy?					
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?					
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.					
Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including any unsettled litigation or arbitration.					
Insurance & Bonding					
Please read Exhibit A in its entirety. (Certificate of Insurance Sample)				Yes	No
Does your company currently maintain insurance that meets Veliz Construction's requirements?					
Please provide the following bonding information:					
Can you provide a Performance Bond?	Surety Rating	Bonding Capacity	Single Project	Aggregate	
Name of Bonding Company		Contact		Phone Number	
Last Type of Bond Issued		Date		Amount (\$)	

References (The below references may be contacted by Veliz Construction for verification purposes.)		
Provide three client references		
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number
Provide financial references.		
Name of Bank	Contact	Phone Number
Name of Bank	Contact	Phone Number

Provide three supplier references.		
Name of Bank	Contact	Phone Number
Name of Bank	Contact	Phone Number
Name of Bank	Contact	Phone Number

I hereby certify that the information submitted herein, including any attachments is true and sufficiently complete so as not to be misleading.

Completed By:

_____ (Print or Type)

_____ (signature)

Title: _____

Date Completed: _____

Veliz Construction will use this documentation to pre-qualify contractors. Therefore, if you intend to continue to provide subcontracting services, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work.

For Office Use Only	
Financial Review:	Date:
Safety/Insurance Review:	Date:
SQF Complete?:	Yes No

Exhibit A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Waiver of Subrogation in favor of Veliz Company, LLC & Owner on Workers Compensation, General Liability, Auto & Umbrella policies.
Additional Insured in favor of Veliz Company, LLC & Owner on General Liability, Auto & Umbrella policies.
Project Name:

<p>CERTIFICATE HOLDER</p> <p>Veliz Company, LLC 2910 Gateway East El Paso, TX 79905</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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