

SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

The contents of this questionnaire will be considered confidential, used solely to determine qualifications, and will not be disclosed to project staff. Please return completed form by email to:

Cory Wood
WRL General Contractors, LLC
cwood@wrl-gc.com
(903) 894-7768

1. GENERAL INFORMATION

- 1.1 Name of Business: _____
Street Address: _____
Post Office Address: _____
City, State, Zip Code: _____
1.2 Telephone: _____ Fax: _____
1.3 Person to Contact: _____

2. ORGANIZATION

- 2.1 This firm is a: ☐ Corporation ☐ Partnership
☐ Sole Proprietor ☐ Limited Liability Company
- 2.2 Year founded: _____
- 2.3 Federal Employer Identification Number: _____
- 2.4 Complete the following for all officers, managers, and/or principals:
- | Name | Title | Time in Position |
|-------|-------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- 2.5 Does your firm qualify as a minority business? ☐ Yes ☐ No
Certification No: _____

- 2.6 If not HUB Certified – Provide documentation of majority ownership & proof of minority owned business

3. WORK CLASSIFICATION

- 3.1 Type(s) of work you are interested in bidding:

- 3.2 Geographic areas you prefer to work in:

- 3.3 Provide copy of state license for HVAC, electrical, plumbing or fire protection if applicable to your scope of work.

4. WORK EXPERIENCE

- 4.1 Attach a list of major projects your firm currently has in progress including the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete, scheduled completion date, and contact person.

- 4.2 Attach a list of major projects your firm has completed in the last three years including the project name, location, owner, architect/engineer, general contractor, contract amount, completion date, and contact person.

- 4.3 Claims & Lawsuits

- a. Has your organization ever failed to complete any work awarded to it?
- b. Are there any judgments, claims, arbitration proceedings, lawsuits pending or outstanding against your organization or its officers?
- c. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

5. FINANCIAL INFORMATION

- 5.1 Attach the most current financial statement (audited, if available) for the entity who will be signing the subcontract.

6. REFERENCES

6.1 Bank Reference:

Bank Name: _____
Bank Address: _____
Telephone: _____
Contact Person: _____

6.2 Bonding Reference:

Bonding Company: _____
Agent Name: _____
Agent Address: _____
Agent Telephone: _____
Agent Contact Person: _____
Bonding Capacity: \$ _____ Per Project
\$ _____ Aggregate
Type of Last Bond: _____
Date of Last Bond: _____ Amount: _____
Bond Rate: _____

6.3 Credit References:

Name: _____
Telephone: _____
Contact Person: _____

Name: _____
Telephone: _____
Contact Person: _____

Name: _____
Telephone: _____
Contact Person: _____

7. CONTRACTOR PROFILE

7.1 Current number of employees: Office _____ Field _____

7.2 Does your firm operate as a Union shop? () Yes () No
Merit shop? () Yes () No

8. SAFETY, HEALTH AND ENVIRONMENTAL

8.1 What is your firm's Workers Compensation Experience Modifier Rate: _____

8.2 Does your firm have a written safety program? () Yes () No

8.3 Provide a copy of Texas Worker's Compensation Insurance Certificate

9. INSURANCE

9.1 **SEE ATTACHED SAMPLE FOR REQUIREMENTS**

9.2 All Liability Insurance Coverage must remain in force during the 12 month warranty period as set by the Architect at the completion of the project.

10. BACKGROUND CHECK INFORMATION

Texas Education Code Chapter 22 requires entities that contracts with any public and/or private school must obtain criminal history record information regarding covered employees who will be on the job site. Covered employees with disqualifying criminal histories are prohibited from serving at a school district. Subcontractors must certify to the district that they have complied by signing the attached Model SB9 Contractor Certification.

11. ADDITIONAL INFORMATION

List any additional information that you feel is important regarding your firm's qualifications and expertise:

Pre-qualification Questionnaire completed by:

Name: _____ Title: _____

Date: _____