



## Subcontractor Prequalification Checklist

The following information is required by JP Wiseman Construction Services, LLC in order to qualify your bid and / or enter into a Contract Agreement:

- Completed Subcontractor's Pre-qualification Form
- W-9 (Dated October 2007 or newer)
- Copy of your Business / Contractor's Licenses
- Copy of your MBE/WBE/SBE Certifications
- Experience Modification Rate (EMR)
- Bonding and or Capacity Letter
- Completed Non-Exclusion Confirmation Form
- Copy of your Safety Manual
- Certificates of Insurance evidencing your coverage for:
  - General Liability (JP Wiseman as the Certificate Holder)
  - Workers Compensation
  - Auto Liability

The timely return of this information will enable us to move forward in developing our business relationship. Please contact WCS if you have any questions, do not qualify or choose not to complete the prequalification form.

Return this packet with all required information via email to [bids@jpwiseman.com](mailto:bids@jpwiseman.com).

Thank you,

JP Wiseman Construction Services, LLC (WCS)



Please complete this form with as much detail as possible to assist us in evaluating your company's qualifications.

## General Information

Full Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Authorized Signer(s): \_\_\_\_\_

EIN: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

Duns Number: \_\_\_\_\_

Contractor's License \_\_\_\_\_

(Number, State and Expiration Date)

Classifications: \_\_\_\_\_

What, if any, are your contractual limitations?

\_\_\_\_\_

Is your Company incorporated? \_\_\_\_\_ Yes \_\_\_\_\_ No In What State? \_\_\_\_\_

Incorporated in what year? \_\_\_\_\_

If not incorporated, is your company a Sole Proprietorship? \_\_\_\_\_ Yes \_\_\_\_\_ No



Please list the construction titles of the principal individuals of your organization as follows *(Please feel free to attach individual resume data if you so desire.)*:

NAME	TITLE	YEARS	RESPONSIBILITIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of years your company has been engaged in business under its present name: \_\_\_\_\_

Have you performed this type of work under another business name: \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, what name:

**Type of Work Performed:**

\_\_\_\_\_

*(Note: Please attach a copy of your State Contractor's License and company brochure to this form)*

**Scope of Work Performed:**

\_\_\_\_\_

Have you performed Federal Work? \_\_\_\_\_

Do you subcontract portions of your work? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Are you a signatory to a Union? \_\_\_\_\_ Yes    \_\_\_\_\_ No



If yes, which local(s)?

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## References

Please list three (3) **vendors/suppliers** currently extending credit to your company as follows:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Trade** categories that your company is legally qualified to engage in and customarily performs:

CSI Code

Description

_____	_____
_____	_____
_____	_____



Primary geographical areas in which your company holds an active **Business License**:

\_\_\_\_\_  
City (County or Municipality)  
License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
City (County or Municipality)  
License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
City (County or Municipality)  
License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

List significant projects completed in the last three (3) years (Attached additional sheets if necessary):

1. Client \_\_\_\_\_  
Project Name/Location \_\_\_\_\_  
Project Size \$\$/your portion \$\$ \_\_\_\_\_  
Contact Person/Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Complete Date \_\_\_\_\_
2. Client \_\_\_\_\_  
Project Name/Location \_\_\_\_\_  
Project Size \$\$/your portion \$\$ \_\_\_\_\_  
Contact Person/Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Complete Date \_\_\_\_\_
3. Client \_\_\_\_\_  
Project Name/Location \_\_\_\_\_  
Project Size \$\$/your portion \$\$ \_\_\_\_\_  
Contact Person/Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Complete Date \_\_\_\_\_



Check Current Certifications and attach copy of certificate:

- Minority Business Enterprise/MBE  
(Agency / Certificate No. / Expiration Date) \_\_\_\_\_
- Women Business Enterprise/ WBE  
(Agency / Certificate No. / Expiration Date) \_\_\_\_\_
- Disadvantage Business Enterprise/ DBE  
(Agency / Certificate No. / Expiration Date) \_\_\_\_\_
- Small Business Enterprise /SBE  
(Agency / Certificate No. / Expiration Date) \_\_\_\_\_
- SBA 8 (a)  
Date of Issuance / Expiration Date: \_\_\_\_\_

## Financial Information

**Prevailing Wage:** Are you willing to do prevailing wage projects? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
If yes are you familiar with or have any problem submitting certified payroll reports "required" on a weekly basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you require training on certified payroll reporting? \_\_\_\_\_ Yes \_\_\_\_\_ No.

Name of Financial Institution: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

List your volume of business for the past three years:

\$ \_\_\_\_\_ 20 ( \_ \_ )    \$ \_\_\_\_\_ 20 ( \_ \_ )    \$ \_\_\_\_\_ 20 ( \_ \_ )

Do you currently have a Line of Credit? \_\_\_\_\_ If so, what is the amount \_\_\_\_\_.

Have you ever defaulted on a loan? \_\_\_\_\_ Yes \_\_\_\_\_ No



## Bonding

Name of Bonding Company: \_\_\_\_\_

Bonding firm address: \_\_\_\_\_

Name of Bonding Agent Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Surety: \_\_\_\_\_

Maximum total bonding capacity of your company:

\$ \_\_\_\_\_

Maximum amount of bonding presently available for any single contract:

\$ \_\_\_\_\_

Rating: **(Bonding Company must have an A.M. Best Rating of A IX or Better)**

*Please provide a letter from your surety company certifying your bonding capacity and status.*

Have you ever been unable to complete a contract? \_\_\_\_\_ Yes    \_\_\_\_\_ No. If Yes, please explain the circumstances:

\_\_\_\_\_

Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers in the last 5 years?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Has your organization filed any lawsuits or requested any arbitration regarding construction contracts within the past 5 years?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes on either of the above, please provide details:

\_\_\_\_\_

Have those issues been resolved or are they still pending?

\_\_\_\_\_



## Insurance

What is your Experience Modification Rate (EMR)? \_\_\_\_\_  
(Please attach a letter from your insurance company with your EMR rating)

Can you provide the following minimal requirements/certificates?

- General Liability Insurance Carrier    \_\_\_\_\_Yes    \_\_\_\_\_No
- Auto Insurance    \_\_\_\_\_Yes    \_\_\_\_\_No
- Workman's Comp Insurance    \_\_\_\_\_Yes    \_\_\_\_\_No

*Note: Attach certificate of insurance meeting all required limits. See example certificate at end of document. All insurance companies must have an A.M. Best rating of, A IX or Better*

## Safety

Emergency Safety Contact Name & Phone: \_\_\_\_\_

Do you have a safety program?    \_\_\_\_\_Yes    \_\_\_\_\_No

Have you ever had any OSHA violations on your jobs? \_\_\_\_\_Yes    \_\_\_\_\_No

If so, please explain the circumstances:

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*Note: Attach your safety manual as part of this submission*





The undersigned certifies that all statements and answers shown herein and above are complete, true, and correct. Undersign also authorizes that JP Wiseman can contact sources for verification.

To the best of my knowledge, the information provided on this form, including attachments, are accurate.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please email this completed form and additional documentation to: [bids@jpwiseman.com](mailto:bids@jpwiseman.com)