

Financial Information ATTACH A COPY OF MOST RECENT AUDITED, REVIEWED, OR COMPILED FINANCIAL STATEMENTS

Historical Financial Information:			Current Year Projections:		Avg Contract Size:	
Year Ending	Revenue	Ending Backlog	Revenue	<input type="text"/>	< \$100k	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Current Backlog	<input type="text"/>	\$100k - \$500k	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Current # of Projects	<input type="text"/>	\$500k - \$1m	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Largest Contract in past 3 years	<input type="text"/>	\$1m - \$5m	<input type="checkbox"/>
Auditor / Outside Accountant (firm name)			<input type="text"/>		> \$5m	<input type="checkbox"/>

Name of Primary Bank	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/> Since <input type="text"/>
	<input type="text"/>	Line of Credit	<input type="text"/> Amt unused? <input type="text"/>
City	<input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Dun & Bradstreet # / Rating	<input type="text"/>

Surety / Bonding Information ATTACH A LETTER FROM YOUR SURETY CONFIRMING CAPACITY AND GOOD STANDING

Surety Company	<input type="text"/>	Bonding Capacity:	Per Job <input type="text"/>
Broker / Agent Name	<input type="text"/>		Aggregate <input type="text"/>
Broker / Agent Phone	<input type="text"/>	Bond Rate (per thousand)	<input type="text"/> If bond rate varies, attach rate schedule.

Insurance Information ATTACH A SAMPLE INSURANCE CERTIFICATE

Minimum Limits of Liability

Commercial General Liability	Umbrella / Excess Liability
\$1,000,000 Each Occurance	\$3,000,000 Per Project Aggregate
\$2,000,000 Product / Completed Ops Aggregate	Pollution Liability (if required)
\$2,000,000 General Aggregate - PER PROJECT	\$1,000,000 Each Claim
Automobile Liability	\$1,000,000 Policy Aggregate
\$1,000,000 Combined Single Limit	Professional Liability (if required)
Workers' Compensation / Employer's Liability Coverage	\$2,000,000 Each Claim
All statutory requirements for coverage must be met	\$2,000,000 Policy Aggregate
\$1,000,000 Each Accident for Bodily Injury	
\$1,000,000 Policy Limit for Bodily Injury by Disease	
\$1,000,000 Each Employee for Injury by Disease	

Note: specific requirements will be identified in the subcontract

Insurance Broker	<input type="text"/>
Broker / Agent Name	<input type="text"/>
Broker / Agent Phone	<input type="text"/>

Does your company's existing insurance policies meet these requirements? Yes No

If No, please explain:

Safety Information ATTACH CURRENT OSHA 300 LOG

Provide your Workers' Compensation Experience Modification (EMR) for the last 3 yrs

Year	<input type="text"/>	EMR	<input type="text"/>
Year	<input type="text"/>	EMR	<input type="text"/>
Year	<input type="text"/>	EMR	<input type="text"/>

In the last 5 years, has your company been cited by OSHA for a "serious" or "willful" violation? No Yes If Yes, please explain:

Performance References

ATTACH A LIST OF MAJOR CONTRACTS COMPLETED OR IN PROGRESS

Provide four references below. Select projects that were completed within the past five years and is representative of the work you are prequalifying for now. Please include your largest project completed in the past two years.

Project Name	Completed	Subcontract Value	General Contractor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact		Phone	Email
<input type="text"/>		<input type="text"/>	<input type="text"/>

Project Name	Completed	Subcontract Value	General Contractor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact		Phone	Email
<input type="text"/>		<input type="text"/>	<input type="text"/>

Project Name	Completed	Subcontract Value	General Contractor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact		Phone	Email
<input type="text"/>		<input type="text"/>	<input type="text"/>

Project Name	Completed	Subcontract Value	General Contractor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact		Phone	Email
<input type="text"/>		<input type="text"/>	<input type="text"/>

Checklist of Attachments

- Specialties Identification / CSI Code Listing
- Form W9
- DBE Certification (if applicable)
- Explanation of Legal Issues (if applicable)
- Financial Statements (most recent available)
- Surety Reference Letter
- Sample Certificate of Insurance
- Current OSHA 300 Log
- List of Major Contracts Completed / In Progress

Signature

Signature	<input type="text"/>
Printed Name	<input type="text"/>
Title	<input type="text"/>
Phone	<input type="text"/>
Date Completed	<input type="text"/>

**** Please send completed Subcontractor Prequalification Worksheet and attachments to prequal@osborne.cc ****

Notice of Confidentiality

Osborne Construction Company respects the confidential nature of the information provided with the Subcontractor Prequalification Worksheet. This information is used only for the purpose of prequalification. Only non-confidential company information is recorded in our system for vendor/subcontractor setup. Confidential information will not be shared or otherwise published. Furthermore, any attached financial statements will be destroyed and not retained upon completion of the prequalification review.

