



**HAMANN CONSTRUCTION COMPANY  
SUBCONTRACTOR PRE-QUALIFICATION FORM**

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

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

Address, City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Type of work qualified to perform (masonry, steel, etc): \_\_\_\_\_

Year business started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Have you ever failed to complete a project: [ ] Yes [ ] No (if yes, explain details below)

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever failed to complete a project on time: [ ] Yes [ ] No (if yes, explain details below)

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a contract terminated due to performance: [ ] Yes [ ] No (if yes, explain details below)

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Contract Backlog: \_\_\_\_\_

**SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET**

Contractor's License(s)

State: \_\_\_\_\_ Number: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_

\_\_\_\_\_



**SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET (continued)**

Union/Signatory: [ ] Yes [ ] No    Subcontractor: [ ]    Vendor/Supplier: [ ]

Business Type: [ ] Corporation    [ ] Partnership    [ ] LLC    [ ] Sole Proprietor    [ ] Other

Is your company owned or controlled by a parent or any other organization?    [ ] Yes [ ] No  
*If yes, please describe on a separate sheet.*

Is your company a certified: [ ] MBE    [ ] WBE    [ ] DBE    [ ] VBE    [ ] SBE  
[ ] Native American    [ ] Other \_\_\_\_\_    [ ] N/A

**I. Legal Information**

Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your firm or its officer or principals?: [ ] Yes [ ] No  
*If yes, please provide a complete explanation on a separate sheet*

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?: [ ] Yes [ ] No  
*If yes, please provide a complete explanation on a separate sheet*

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization? [ ] Yes [ ] No  
*If yes, please provide a complete explanation on a separate sheet.*

**II. References**

**Banking**

Name and Branch: \_\_\_\_\_ Since: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person and Phone Number: \_\_\_\_\_

**Bonding**

Bonding Company: \_\_\_\_\_ Since: \_\_\_\_\_  
Surety Broker/Agent: \_\_\_\_\_ Since: \_\_\_\_\_  
Contact Person and Phone Number: \_\_\_\_\_  
Bonding Capacity – per project: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_  
Last Bond Issued – Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Rate: \_\_\_\_\_

*Please attach a formal letter from your bonding company.*



Insurance

General Liability Carrier: \_\_\_\_\_ Since: \_\_\_\_\_

Insurance Broker: \_\_\_\_\_ Since: \_\_\_\_\_

Contact Person and Phone Number: \_\_\_\_\_

**Prior to commencement of Work on any individual Project, Subcontractor shall submit a Certificate of Insurance in favor of Contractor and an Additional Insured Endorsement (General Liability and Umbrella) as required hereunder.**

Minimum Limits of Coverage Requirements:

1. Worker’s Compensation: Statutory to the limits required by law
2. Employers Liability: \$100,000.00
3. Contractor’s Liability Insurance shall be Comprehensive General Liability and Comprehensive Automobile Insurance:
  - a. Bodily Injury/Property Damage: \$1,000,000.00/2,000,000.00 (One Million Dollars per occurrence/Two Million Dollars annual aggregate) Combined Single Limit
  - b. Personal/Injury - \$1,000,000.00/\$1,000,000.00 (One Million Dollars/One Million Dollars)
  - c. Automobile – Owned/Non-owned/Hired
  - d. Bodily Injury/Property Damage: \$1,000,000 (One Million Dollars)
4. XCU Coverage – Remove exclusion
5. Umbrella Coverage: \$1,000,000.00 (One Million Dollars)

Supplier References (3)

Supplier Name and Location: \_\_\_\_\_

Contact Person and Telephone Number: \_\_\_\_\_

Supplier Name and Location: \_\_\_\_\_

Contact Person and Telephone Number: \_\_\_\_\_

Supplier Name and Location: \_\_\_\_\_

Contact Person and Telephone Number: \_\_\_\_\_

List five (5) references (owners, architects and at least (2) general contractors for work completed within the last (2) years):

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract: \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract: \$ \_\_\_\_\_



Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract: \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract: \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract: \$ \_\_\_\_\_

**III. Financial Information**

**SEE ATTACHED SHEET TO BE FILLED OUT BY YOUR FINANCIAL INSTITUTION**

**IV. Experience**

Has your company had experience with LEED projects? [ ] Yes [ ] No

How many LEED accredited employees do you have? \_\_\_\_\_

**V. Safety**

Do you have a Safety Director? If so, who is it? \_\_\_\_\_

If not, who is in charge of your safety program? \_\_\_\_\_

Does your firm have a written safety plan? [ ] Yes [ ] No

Does your firm hold Tool Box Safety Meetings? [ ] Yes [ ] No How Often? \_\_\_\_\_

Has your firm had any OSHA citations, fines or jobsite fatalities within the most recent three (3) years? [ ] Yes [ ] No

*If yes, please describe in detail on an attached sheet what occurred and what steps were taken by the company to prevent it from happening in the future.*

What is your experience modification rate (EMR)? \_\_\_\_\_

Provide last 3 Years OSHA 300 Logs.

OSHA incident rate - please list your firm's OSHA incident rate for the most recent three (3) years:  
Year/Rate: \_\_\_\_\_ Year/Rate: \_\_\_\_\_ Year/Rate: \_\_\_\_\_



**VI. Additional Information**

Please list any additional information you feel will help us determine your company's qualifications and expertise: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is accurate, correct and true.

Completed by: \_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**THIS PAGE MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION**

Please return this page to:

Hamann Construction  
ATTN: Steve Hamann

Fax: 920-683-3459  
Email: [shamann@hamann.com](mailto:shamann@hamann.com)

Financial Institution: \_\_\_\_\_

Customer/Client: \_\_\_\_\_

General Figure Range Low: 1 – 1.9 Moderate: 2 – 3.9 Medium: 4 – 6.9 High: 7 – 9.9

**DEPOSIT RELATIONSHIP**

**Checking**

Account opened: \_\_\_\_\_

Current balance: Low Moderate Medium High \_\_\_\_\_ Figure Range

Avg. YTD balance: Low Moderate Medium High \_\_\_\_\_ Figure Range

NSF YTD: None Not Significant Significant

Sweep Account: Yes or No

Other Accounts: Savings/Money Market

Account opened: \_\_\_\_\_

Current Balance: Low Moderate Medium High \_\_\_\_\_ Figure Range

Avg. Balance: Low Moderate Medium High \_\_\_\_\_ Figure Range

**LOAN RELATIONSHIP**

**Line of Credit**

Date opened: \_\_\_\_\_ Secured \_\_\_\_\_ Unsecured

High Credit: Low Moderate Medium High \_\_\_\_\_ Figure Range

Current Outstanding: Low Moderate Medium High \_\_\_\_\_ Figure Range

Current Available: Low Moderate Medium High \_\_\_\_\_ Figure Range

Payment: As Agreed Generally As Agreed Slow

**Commercial Term Loan(s)**

Date opened: \_\_\_\_\_ Secured \_\_\_\_\_ Unsecured

High Credit: Low Moderate Medium High \_\_\_\_\_ Figure Range

Current Outstanding: Low Moderate Medium High \_\_\_\_\_ Figure Range

Payment: As Agreed Generally As Agreed Slow

\*\*IS CUSTOMER IN GOOD STANDING WITH THE BANK Y\_\_\_\_\_ N\_\_\_\_\_

Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

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