**Subcontractor/Vendor Prequalification Form**



1. **General Information**

Company Federal Tax ID Number

Address Years in Business

City State Zip Code

Click here to enter text.

Phone Fax

AR Contact E-Mail

Click here to enter text.

Remit Address

Payment Terms Dun & Bradstreet Number

Accepts CC Payments: Yes No Fee Charged for CC: Yes No

Eligible for 1099: Yes No

1. **Organization**

Business Type: Corporation Partnership LLC Sole Proprietor Joint Venture

List the name, title, number of years with the company and percent of ownership of the company’s principals:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Years w/ Co | % Ownership |
|  |  |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Check applicable certifications:

Large Business (no special classification)

Minority Business Enterprise (MBE)

HUBZone Small Business

Small Disadvantages Business (SDB)

8(a) Certified Small Disadvantage Business

Native American/Indian Tribe

Small Business Enterprise (SBE)

Veteran Owned Small Business (VOSB)

Service Disabled Veteran Owned Small Business (SDVOSB)

Women Owned Small Business (WOSB) / (WBE)

Alaskan Native Corporation (ANC)

1. **Legal Information**

* Are there any judgements, claims, arbitration proceedings or suits pending/outstanding against your firm, its officers, or principals?

Yes No \*If yes, please attach a complete explanation

* 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 attach a complete explanation

* Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?

Yes No \*If yes, please attach a complete explanation

1. **Financial Information**

Annual Volume

What was the average annual revenue from work completed in the last 3 years and what is next year’s forecasted revenue:

|  |  |
| --- | --- |
| Year | Revenue |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

1. **Safety**

***OSHA Record:***

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?

Yes No **\*If yes, please explain the incident (include location, date, type or inspection, standard(s) cited, violation type, current status, and steps taken to prevent a recurrence.)**

***Workers Compensation:***

Please list your firm’s worker’s compensation experience modification rate (EMR) for the last three (3) years and attach written documentation from your insurance broker/carrier confirming these rates.

|  |  |
| --- | --- |
| Year | Rate |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

OSHA 300 Log Information (List the last three years of information below.)

|  |  |  |  |
| --- | --- | --- | --- |
| Year | 2018 | 2019 | 2020 |
| No. of Fatalities  (Column G) | 0 | 0 | 0 |
| No. of Cases Days Away from Work (Column H) | 0 | 0 | 0 |
| No. of Job Transfers or Restriction (Column I) | 0 | 0 | 0 |
| No. of Other Recordable Cases (Column J) | 0 | 0 | 0 |

1. **Performance References**

Provide three performance references below. **\*\*One of the performance references must be for your largest project within the last two years.**  **Note: The contact provided must have direct knowledge of your performance on that project.**

Project Name General Contractor Contract Value

Click here to enter text.

Click here to enter text.

Click here to enter text.

Contact Name Contact Email Contact Phone

Click here to enter text.

Click here to enter text.

Click here to enter text.

Project Name General Contractor Contract Value

Click here to enter text.

Click here to enter text.

Click here to enter text.

Contact Name Contact Email Contact Phone

Click here to enter text.

Click here to enter text.

Click here to enter text.

Project Name General Contractor Contract Value

Click here to enter text.

Click here to enter text.

Click here to enter text.

Contact Name Contact Email Contact Phone

Click here to enter text.

Click here to enter text.

Click here to enter text.

**VII. Insurance:**

A requirement of our company is for all independent contractors, who provide services or perform work at our location or on any of our jobsites, to be insured. We ask that you provide us with proof of general liability insurance coverage, in an amount not less than $1,000,000 combined single limit, as well as verification of your current Workers’ Compensation coverage. We also request that you provide a copy of your current EMR.

Please have your insurance agent forward these certificates listing the names of the insuring company, the policy numbers, effective dates, and limits of coverage specific to each policy. The certificate holder should be listed as:

Mullins Mechanical & Welding, LLC

622 Fertilla Street

Carrollton, GA 30117

Failure to provide this documentation may void the contract we have with your company. If possible, please have your insurance agent forward a new copy at each renewal period.

General Liability Carrier Effective Expiration

Click here to enter text.

Insurance Broker/Agent Phone Email

**VIII. Signature**

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the subcontractor or vendor authorizes Mullins Mechanical & Welding to obtain a written or oral credit report on the subcontractor’s or vendor’s business entity from any credit-reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding company with whom the subcontractor or vendor has current or past experience to give any and all necessary information to Mullins Mechanical & Welding, which will assist Mullins Mechanical & Welding in the Subcontractor/Vendor Evaluation. The subcontractor or vendor further authorizes Mullins Mechanical & Welding to reinvestigate the status from time-to time, as Mullins Mechanical & Welding deems necessary.

Printed Name Date

Signature Title

**\*\*Please attach a completed W-9 form along with other information requested to our AP Contact:**

**Julee Mosley**

**AP@mullins-mechanical.com**

**622 Fertilla St.**

**Carrollton, GA 30117**

**Phone: 770-836-2887 ext. 301**

**Fax: 770-836-2737**

**\*\*\*All invoices will need to be sent to the e-mail above as well. All invoices and orders require a PO number and a Job name. Invoices that are received without this information or with word VERBAL will not be paid by Mullins Mechanical and Welding and then the invoice will be returned to the supplier and the aging on the invoice will restart once proper references are received.**