



Subcontractor/Vendor Prequalification Form

I. General Information

Company Federal Tax ID Number

Address Years in Business

Address Line 2

Phone Fax

AR Contact E-Mail

Remit Address

Lien Waiver Contact E-Mail

Payment Terms: **Terms for all subcontractors are paid when paid. Once we are paid from the owner/GC a conditional waiver may be sent for signature before payment is sent. In some cases, an unconditional waiver may be sent for signature AFTER your payment has been received as well.**

Dun & Bradstreet Number

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

Eligible for 1099: Yes No

II. 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

Check applicable certifications:

- | | |
|---|--|
| <input type="checkbox"/> Large Business (no special classification) | <input type="checkbox"/> Veteran Owned Small Business (VOSB) |
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Service Disabled Veteran Owned Small Business |
| <input type="checkbox"/> HUBZone Small Business | <input type="checkbox"/> Women Owned Small Business (WOSB) / (WBE) |
| <input type="checkbox"/> Small Disadvantages Business (SDB) | <input type="checkbox"/> Alaskan Native Corporation (ANC) |
| <input type="checkbox"/> Native American/Indian Tribe | <input type="checkbox"/> Small Business Enterprise (SBE) |

III. 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

IV. 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

V. 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

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

Year			
No. of Fatalities (Column G)			
No. of Cases Days Away from Work (Column H)			
No. of Job Transfers or Restriction (Column I)			
No. of Other Recordable Cases (Column J)			

VI. 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 <input type="text"/>	General Contractor <input type="text"/>	Contract Value <input type="text"/>
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Contact Name <input type="text"/>	Contact Email <input type="text"/>	Contact Phone <input type="text"/>
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Project Name <input type="text"/>	General Contractor <input type="text"/>	Contract Value <input type="text"/>
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Contact Name <input type="text"/>	Contact Email <input type="text"/>	Contact Phone <input type="text"/>
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Project Name <input type="text"/>	General Contractor <input type="text"/>	Contract Value <input type="text"/>
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Contact Name <input type="text"/>	Contact Email <input type="text"/>	Contact Phone <input type="text"/>
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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 and Welding, LLC
115 Greenway Blvd.
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

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:**

AP@mullins-mechanical.com

115 Greenway Blvd.

Carrollton, GA 30117

Phone: 770-836-2887

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 or subcontract number and a Job name. Invoices that are received without this information or with word VERBAL will not be paid by Mullins Mechanical and then the invoice will be returned to the supplier and the aging on the invoice will restart once proper references are received.**