

Subcontractor Prequalification form



FOR ZAPALAC/REED USE ONLY	Primary CSI Code	Other CSI Codes to List Under		
	Trade			
	Approval Initials			
Return completed form to: sub@zapalacreed.com or to: Phone: 512.306.8888 Zapalac/Reed Construction Co, LP Fax: 512.306.8889 3600 N Capital of Tx Hwy, B130 Austin, Texas 78746				
Company Name:				Date Submitted:
Address:				
City/State/ZIP:				
Phone:			Fax:	
E-mail Address:				
President:				
Chief Estimator:				
Other Estimators:				
Primary Trades Performed:			Geographical Work Region:	
Are you 100% P&P Bondable? (Please check one): <input type="checkbox"/> Yes <input type="checkbox"/> No Bonding Capacity: \$ _____				
Bonding Company (Name of Surety):				
Insurance Contact (Local) and Phone #:				
Bank Name:				
Bank Reference Contact and Phone #:				
Years in Business:			Number of Employees:	
Current Work Backlog: \$ _____			MWBE Classification (if applicable) <input style="width: 100px; height: 20px;" type="text"/>	
Annual Volume of Work: \$ _____		Average Size of Project: \$ _____		
Largest Job Ever Completed (\$\$, Project Name, City, General Contractor)				
Largest Job Completed Last Three (3) Years (\$\$, Project Name, City, General Contractor)				
RECENT PROJECTS COMPLETED WITH ZAPALAC/REED				
	Project Name, City, State	Contract Amount	Start Date	Completion Date
1.		\$		
2.		\$		
3.		\$		
4.		\$		
5.		\$		
PLEASE PROVIDE ZAPALAC/REED WITH THE FOLLOWING ATTACHMENT:				
Please attach a list of other projects completed in the last three (3) years which includes the project name, location, contract amount, start/finish dates, square footage, general contractor's name, and a brief description of the project.				

Person Submitting this information: _____, Title _____

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TRADE CONTRACTOR SAFETY INFORMATION

ALL SAFETY INFORMATION MUST BE FILLED OUT

Written Safety Program (Including Hazard Communications)? Yes No
 If 'Yes', briefly describe the key elements of your program:

Will you have a competent person, as defined by OSHA, for your scope of work on site at all times?

Do employees complete OSHA 10-hour, 30-hour, or other OSHA training? If other, please explain. 10-Hr 30-Hr Other

What other type of safety training is given to your employees, and who administers the training?

Do you document certifications given to your employees? Yes No

What is your EMR (Experience Modification Rate) for the last three (3) years?
 2009: 2008: 2007:

What is your frequency rate (lost-time injuries per 200,000 man hours) for the last three (3) years?
 2009: 2008: 2007:

Have there been any employee deaths in the last three (3) years? Yes No
 If so, details:

Are safety inspections and enforcement in-house or by insurance company?

If in-house, by whom and how often?

Are incident/accident reports distributed to upper management? Yes No

Any drug testing program? Yes No
 If so, briefly describe:

Company safety director or other safety contact:

Name:
Title:
Work Phone:
Cell Phone:
Email:

Company insurance representative:

Name:
Title:
Work Phone:
Cell Phone:
Email:

Specific citation and corresponding monetary penalty
 OSHA Non-Compliance Citations

Year	# of Citations	Year	# of Citations Upheld	Citation Paid (\$)
2009				
2008				
2007				

Please provide ZAPALAC/REED with the following attachments:

- A. Most recent OSHA 300 log
- B. Insurance carrier's certified letter of experience modification rating for each of the previous three (3) years
NOTE: We may require they name Zapalac/Reed and the Owner as an additional insured on liability policies
 Please check box if this will be acceptable Yes No

ALL SAFETY INFORMATION MUST BE FILLED OUT