



TMW & Associates, Inc.
 Subcontractor / Vendor Pre-Qualification Form
Please fill in all applicable areas.

Division:	Trade:	Date:
CA Contractor's License No:	Expiration:	

COMPANY INFORMATION *(please print or type)*

Legal Business Name:			Type of Company (select all that apply): <input type="checkbox"/> Professional Service		
			<input type="checkbox"/> Subcontractor <input type="checkbox"/> Manufacturer/Supplier <input type="checkbox"/> Consultant		
Street Address:			Telephone:		Fax:
			Years in Business <i>(current name):</i>		Federal Tax ID:
City:	State:	Zip:	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership		
			<input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other		
Mailing Address (if different than above):			Labor Affiliation: <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		
City:	State:	Zip:			
President/Owner	Direct / Cell Number:				
Email:			<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE <input type="checkbox"/> DVBE <input type="checkbox"/> Other		
Estimator	Direct / Cell Number:		<input type="checkbox"/> City: <input type="checkbox"/> State:		
Email:			<input type="checkbox"/> Federal:		
Accounting	Direct / Cell Number:				
Email:					
Company website:			Associations/Affiliations		
Company Email:					

Have any of the above companies ever done business with TMW & Associates Inc.? Yes No (If Yes, explain on a separate sheet)

Have you failed to complete awarded work or been terminated for cause? Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies, or reorganizations? Yes No (If Yes, explain on a separate sheet)

Do you have a company Substance Abuse Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an Affirmative Action Plan for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you include training/orientation on sexual harassment in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Equal Opportunity Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permanent Employees: Indicate the number of permanent personnel by classification

Total # of Employees		Engineers/Architects	
Executive / Management		Draftsmen	
Project Management		Foreman	

COMPANY INFORMATION (continued)

Project Engineers			Skilled Craftsmen		
Project Superintendents			Unskilled Labor		
Estimators			Other		

Subcontractor Construction Equipment:					
Owned:		Rented:		Both:	

What is your desired project size?	Maximum \$		Minimum \$		
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List data for three most recently completed fiscal years.

Fiscal Year	Max. Contract Value Completed		Annual Company Revenue		Current Year Company Workload	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

List the scopes of work which your company typically performs. Indicate percentages self-performed by company employees vs. subcontracted workers for each scope. (List additional scopes, if needed, on a separate sheet)

1.		Self-Performed %:		Subcontracted %:	
2.		Self-Performed %:		Subcontracted %:	
3.		Self-Performed %:		Subcontracted %:	

SAFETY INFORMATION

List your safety performance for the past three years				Does your company have a written Safety Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year				Do you have a Company Safety Director or other Safety Professional on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OSHA Recordable Incident Rate				Are all employees trained in safety requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experience Modification Rate (EMR)				Has your company ever had its Workers Compensation Insurance dropped? If yes, provide reason.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Lost Workdays				Have you had any OSHA fines in the past 3 years? If yes, provide details and circumstances for each incident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Recordable Injury Cases					
Total Employees Hours Worked					
Number of Fatalities					

INSURANCE INFORMATION – (THESE REQUIREMENTS ARE A MINIMUM IN ORDER TO WORK WITH TMW)

Do you carry, or can you obtain the following insurance coverage?		Insurance Company:	
Worker's Comp Statutory Max at Project Site Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	
Employee Liability \$500,000 Minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No		
General Liability Bodily Injury \$1,000,000 Minimum Property Damage Liability \$1,000,000 Min. Above to include Blanket contractual Liability, Completed Operations, Independent Contractors, Personal Injury (Employee exclusions deleted), and "X", "C", and "U" exclusions deleted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Agent:	
- Must include Comprehensive Automobile Liability \$1,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No		
- TMW & Associates, Inc must be named as an Additional Insured per an endorsement form providing ongoing and completed coverage & Primary Wording	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone:	

BONDING INFORMATION

Bonding Company:		Total Bonding Capacity	\$	
Contact:		Telephone:		Current Available Binding Capacity
			\$	

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