



1302 WALNUT STREET | KELSO, WA 98626
 P.360.414.8084 | F.360.414.8196 | WWW.PACIFICTECH.INFO

SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

INSTRUCTIONS: Please fill out all information requested and return via email to bfoutch@pacifictech.info with "Subcontractor Prequalification" in the subject line or mail to Pacific Tech Construction, Inc., 1302 Walnut Street, Kelso, WA 98626, Attention: Subcontractor Prequalification

Company Name:		
Dun & Bradstreet Number :		
Federal Identification No.:		
Address		
City	State	Zip Code
Corporate Phone:		Website:
Primary Point of Contact Name:		
Contact Phone:		Contact Fax:
Contact Email:		
Company Type <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> DBA <input type="checkbox"/> Individual		
If company is a subsidiary, list Parent Company name _____		
Year business was established _____		
List Company Officers:	Chairman _____ President(s) _____ Vice President(s) _____ _____ _____ Secretary _____ Treasurer _____	
OWNERSHIP TYPE (Check ALL That Apply)		
<i>Include a copy of all certifications relative to the ownership type(s) indicated.</i>		
<input type="checkbox"/> Minority Owned Business Enterprise <input type="checkbox"/> Women Owned Business Enterprise <input type="checkbox"/> Small Business <input type="checkbox"/> Small Disadvantaged Business		<input type="checkbox"/> Small Women Owned Business <input type="checkbox"/> HUBZone Small Business <input type="checkbox"/> Veteran Owned Small Business <input type="checkbox"/> Service Disabled Veteran Owned Small Business



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BUSINESS TYPE

List the trade work your company performs:

Total Number of Employees: _____ Office: _____ Shop: _____ Field: _____

Are you directly or indirectly signatory to any labor union agreements?: Yes No

If Yes, which unions: _____; _____; _____

If yes, do you have a bond in place securing your payment of wages and fund contributions as required by your labor union agreement? Yes No

FINANCIAL

Annual sales volume for the last three (3) years:

Year	Sales	Year	Sales	Year	Sales
20	\$	20	\$	20	\$

Largest single contract awarded in the last three (3) years: \$

Description:

Current backlog: \$

BANKING

Bank Name

Bank Address

City, State Zip

Contact Name: Contact Phone:

Does your company have a line of credit? Secured Unsecured None

If Yes, what is the amount of the line of credit? \$

Amount of available line of credit? \$

BONDING

Is your company bondable? Yes No

If Yes, bonding company name:

Bonding company AM Best Rating:

Contact Name: Contact Phone:

Single Project Limit: Aggregate Limit:



LEGAL

Has your Organization ever failed to complete any work awarded to it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>(If Yes, attach explanation)</i>			
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your Organization or its officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>(If Yes, attach explanation)</i>			
Has your Organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>(If Yes, attach explanation)</i>			
Has your Organization or its principals ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>(If Yes, attach explanation)</i>			

SAFETY PROGRAM

Please answer the following questions about your safety program:

1. Does your company conduct regular onsite safety audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please provide the frequency with which audits are conducted _____			
2. Does your company conduct documented tailgate safety meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please provide the frequency with they are conducted _____			
3. Does your company have a safety management program & safety manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Does your company use site specific safety & health plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Are your employees and subcontractors required to review the safety plan prior to coming onsite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Does your company have full-time field safety manager/director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please provide contact information: _____			

Please provide your Experience Modification Rate (EMR) for this year and the previous two years

Year	Rate	Year	Rate	Year	Rate
20		20		20	

Please provide your OSHA Incident Rate for the last three years*

Year	Rate	Year	Rate	Year	Rate
20		20		20	

*OSHA Incident Rate is calculated using the following formula:
(Total number of injuries and illnesses) x 200,000 / Number of hours worked by all employees = Incident Rate

INSURANCE

Exhibit A contains Pacific Tech Construction, Inc. Insurance requirements. A Blanket Certificate of Insurance (COI) shall be provided as an attachment to this completed prequalification form. A project specific COI will be required for each project that a subcontract is issued for. Please read the insurance requirements in their entirety and answer the questions below.

Does your company currently maintain insurance that meets Pacific Tech Construction, Inc.'s requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, does your company have the ability to obtain insurance that meets Pacific Tech Construction, Inc.'s requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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REFERENCE PROJECTS

At least three (3) reference projects are required. Please fill out one reference form per project. Should you desire to provide additional project references, please duplicate this page as many times as necessary.

Project Title	
Client / Agency Name	
Customer Point of Contact (POC)	
POC Title	
POC Phone Number	
POC Email	
Project Amount	
Project Start / End	
Description of Project Scope	

Project Title	
Client / Agency Name	
Customer Point of Contact (POC)	
POC Title	
POC Phone Number	
POC Email	
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PREQUALIFICATION CERTIFICATION

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed by: _____

(Print or Type)

(Signature)

Title: _____

Date Completed: _____

Please attach a Blanket Certificate of Insurance, any explanations of answers provided herein, and any additional certificates or information for consideration to this prequalification form and provide to Pacific Tech Construction, Inc. in accordance with the instructions outlined on the first page of this form.



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EXHIBIT A - PACIFIC TECH CONSTRUCTION, INC. INSURANCE REQUIREMENTS FOR SUBCONTRACTORS

Subcontractor shall maintain, during the progress of the Work and throughout the warranty period, insurance written by insurance companies acceptable to Pacific Tech Construction, Inc. with the minimum limits and coverage as shown below or, if higher, the requirements set forth in the Contract Documents.

- A. WORKER'S COMPENSATION including Occupational Disease insurance meeting the statutory requirements of the State in which Work is to be performed and containing Employers' Liability insurance in an amount of at least \$500,000 per occurrence and \$1,000,000 in the aggregate.
- B. COMMERCIAL GENERAL LIABILITY insurance on an occurrence basis providing limits for Bodily Injury and Personal Injury including its own employees of \$1,000,000 each occurrence and Property Damage of \$1,000,000 each occurrence. The policy must include all the parties listed in the subcontract as ADDITIONAL INSUREDS, on an ISO Additional Insured Endorsement (CG20 10 1985 or 2001 edition) covering ongoing and completed operations.

Subcontractor must also provide Protective and Broad Form Property Damage coverage that includes Blanket Contractual Liability (\$1,000,000 per occurrence), Independent Contractors (\$1,000,000 per occurrence), Personal & Advertising Injury (\$1,000,000 per occurrence), and Products & Completed Operations (\$1,000,000 per occurrence) and is at least \$2,000,000 in aggregate. Coverage shall be maintained in force for a period of one (1) years after Substantial Completion of the Project or for such longer period of time as is described in the Contract Documents. XCU Exclusions must be deleted when applicable to operations performed by the Subcontractor.

- C. Subcontractor's insurance will be Primary and Non-Contributory to any insurance carried by any of the ADDITIONAL INSUREDS. In addition, Subcontractor shall maintain an **umbrella** liability policy providing the same coverage and with the same ADDITIONAL INSUREDS as the basic policy in the amount of at least \$2,000,000.
- D. COMPREHENSIVE AUTOMOBILE LIABILITY on an occurrence basis covering all Owned, Non-Owned and Hired Vehicles providing limits of liability for Bodily Injury and Personal Injury, Including its own employees, of \$1,000,000 each occurrence and Property Damage of \$1,000,000 each occurrence.
- E. Equivalent insurance coverage must be obtained from each sub-tier subcontractor or supplier, if any, before permitting them on the work site. Otherwise, protection of such parties must be included within your Subcontract insurance policies.
- F. Pacific Tech Construction, Inc. may furnish, erect or provide equipment, appurtenances and devices, motorized or otherwise, for its use to complete its Contract with the Owner. Should the Subcontractor use such items, the Subcontractor agrees to insure against claims of injury or damage caused by such items while in Subcontractor's care, custody or control by naming Pacific Tech Construction, Inc. as an insured party. Liability limits shall be the same as in Subpoint B, above. Physical Damage insurance against damage to the items themselves shall be on a "Replacement Cost" basis.
- G. Subcontractor will be responsible for any deductible under its insurance policies.
- H. A Certificate of Insurance on an approved form, or an endorsement if required by Pacific Tech Construction, Inc., must be delivered, along with an executed subcontract, to Pacific Tech Construction's corporate office prior to the commencement of any work. The Certificate must state that coverage will not be altered, cancelled or allowed to expire without thirty (30) days' written notice by registered mail to Pacific Tech Construction, Inc.
- I. It is understood and agreed that Pacific Tech Construction, Inc. shall withhold payments to the Subcontractor until a properly executed Certificate of Insurance and endorsement providing insurance as required herein, accompanied by a signed Subcontract Agreement, are received by Pacific Tech Construction, Inc.'s corporate office. The failure of Pacific Tech Construction, Inc. to withhold such payments or obtain the required Certificate or endorsement shall not be deemed to be a waiver of Subcontractor's obligation to provide the insurance required under the Subcontract Agreement.
- J. Subcontractor hereby waives any rights of subrogation against Pacific Tech Construction, Inc., the Owner, the Architect, and any other ADDITIONAL INSUREDS as required by the Owner/Pacific Tech Construction, Inc. Contract or the Invitation to Bid. If insurance policies specified within this Exhibit require an endorsement to provide for continued coverage where there is a waiver of subrogation, the Subcontractor will cause them to be so endorsed.