



Subcontractor Pre-Qualification Worksheet

Subcontractor prequalification is an integral part of our risk management program and a prerequisite for working with W.N. McMurry Construction Co. Please complete the enclosed subcontractor prequalification questionnaire to help us better understand your operational capabilities, safety record, and liquidity. With the information provided, we establish an aggregate contractual threshold limit and update our estimating database for consideration on future projects.

As part of this submission, we require a recent balance sheet showing your current assets, current liabilities, and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only reviewed by our regional controller.

I. COMPANY INFORMATION:

A. Company Legal Name: _____

B. Subsidiaries and Divisions: _____

C. Address: _____

City: _____ State: _____ Zip: _____

D. Phone: _____ Fax: _____

E. Website: _____

F. Specialties – please complete the attached CSI code listing to help our estimating department properly associate your company with those scopes of work that you would like to bid upon.

G. Federal Employer ID #: _____

H. Contractors License Number: _____ State: _____ Class: _____

I. Company Type Corporation Partnership LLC
 Wholly-owned Subsidiary Sole Proprietor Joint Venture

J. Parent Company Name (if applicable) _____

K. Year Founded: _____

L. Non-union Union Name of Union _____

M. Average Number of Employees: Office _____ Field _____

N. Officers and Owners (list all officers and all owners with greater than 10% ownership):



NAME	TITLE	OWNERHSIP %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

O. Primary points of contact within your organization:

Department	Email	Name	Phone #	Fax#
Estimating	_____	_____	_____	_____
Accounting	_____	_____	_____	_____
Warranty	_____	_____	_____	_____
Safety	_____	_____	_____	_____

P. Has your firm gone through an ownership change in the last 12 months?
 No Yes If yes, please explain:

II. SAFETY INFORMATION

A. Provide your worker's compensation experience modification factors for the last 3 years

_____	_____	_____
Current	Last Year	Two years ago

B. In the last 5 years, has your company been sited by OSHA for a "serious" or "willful" violation?

No Yes If yes, please explain:

C. Provide a copy of your current OSHA 300 log as an attachment to this form.

III. FINANCIAL INFORMATION

A. Dun & Bradstreet #: _____



B. Historical financial information (past three years)

Year Ending	Revenue	Ending Backlog

C. Current year projections:

Revenue (\$) _____
 Current Backlog (\$) _____
 Current # of Projects in Progress _____
 Average Contract Size _____
 Largest Contract in past 36 months _____
 Number of LEED projects completed _____

D. Provide a recent balance sheet – as part of this submission, we require a recent balance sheet showing your current assets, current liabilities, and equity to calculate your aggregate contractual threshold limit. All subcontractor prequalification questionnaires and balance sheets are held in strict confidence and are only viewed by our Regional Controller.

E. Bank Line of Credit: \$ _____ Unused Portion: \$ _____

F. Name of Primary Bank: _____

G. Auditor/Outside Accountant's Name (firm name) _____

H. Describe all lawsuits and judgments against your company in the last 2 years: _____

I. Have any of your principals or officers ever filed for bankruptcy either personally or for a business they were associated with?
 No Yes If yes, please explain:

IV. SURETY AND BONDING

A. Surety Company (indicate if none): _____

B. Surety broker/agent Name: _____



C. Surety broker/agent Phone #: _____

D. Bonding Capacity: Per Job \$ _____ Aggregate \$ _____

E. Bond Rate (per thousand): _____

V. INSURANCE INFORMATION

W.N. McMurry Construction Co. requires the following insurance from its subcontractors:

MINIMUM LIMITS OF LIABILITY: Subcontractor will obtain insurance with limits as specified below, or such higher limits if imposed by Owner or by the Prime Contract Documents.

Type of Insurance	All Limits in Thousands	
Commercial General Liability		
Premises/Operations	General Aggregate (Per Project)	\$2,000
Products/Completed Operations	Products Comp/OPS Aggregate	\$2,000
Contractual	Personal & Advertising Injury	\$1,000
Independent Contractors	Each Occurrence/Combined	\$1,000
Broad Form Property Damage	Single Limit (BI/PD)	
Personal Injury		
Explosion/Collapse/Underground (XCU)		
Automobile Liability		
Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$1,000
Hired Autos	Bodily Injury (Per Accident)	\$1,000
Non-Owned Autos	Property Damage	\$1,000
	Or Combined Single Limit	\$1,000
Umbrella Liability Per Project Aggregate	All Subcontractors	\$5,000
Workers' Compensation (Coverage A)	Coverage A – Statutory	
Employer's Liability (Coverage B)	Coverage B - \$500 (Each Accident)	
	\$500 (Disease–Policy Limit)	
	\$500 (Disease–Each Employee)	
Errors and Omissions (When any design or professional service of any type is supplied)	Per Occurrence/Claim	\$1,000
	Aggregate with 3 Year Tail if Claims Made	\$1,000

A. Do your Company's existing insurance policies meet these requirements?
 No Yes If no, please explain: _____

B. Please provide a sample of your insurance certificate as an attachment to this form.



VI. PERFORMANCE INFORMATION

A. Has an owner or general contractor terminated your contract for cause in the last five (5) years?
 No Yes If yes, please explain: _____

B. Has your Company failed to complete any construction contracts in the last 5 years?
 No Yes If yes, please explain: _____

C. Provide 5 supplier or financial trade references as an attachment to this form, including name, address, contact, and phone number.

D. Provide the firm name, contract name and phone number of the general contractor and architect along with the contract amount for 3 of your current projects:

	Project 1	Project 2	Project 3
Project Name	_____	_____	_____
Contract Value (\$)	_____	_____	_____
GC Firm Name	_____	_____	_____
GC Contact Name	_____	_____	_____
GC Contact Phone #	_____	_____	_____
Architect Firm Name	_____	_____	_____
Architect Contact Name	_____	_____	_____
Architect Contact #	_____	_____	_____

VII. MINORITY INFORMATION

A. Please check all that apply:

- _____ MBE (minority business)
- AABE (African American Business)
 - ABE (Asian American Business)
 - HBE (Hispanic Business)
 - NABE (Native American Business)
 - WBE (Women's Business)
 - DBE (Disadvantage Business)
 - SBE (Small Business)
 - HUB (Historically Underutilized Business)
 - None of the Above



B. Certification Status:

- N/A
- Self
- Public
- Private

City: _____ County: _____ State: _____

NMSDC Affiliates: _____
(National Minority Supplier Development Council)

VIII. SIGNATURES OF SUBCONTRACTOR IX. MCMURRY USE ONLY

Name: _____

Name: _____

Signature: _____

Date: _____

Title: _____

Approve? No Yes

Date: _____

Aggregate Limit: _____

Attachments included:

- Specialties identification/CSI code listing
- Current OSHA 300 Log
- Balance Sheet
- Sample Insurance Certificate
- Surety reference letter
- Supplier Financial Trade Reference
- Form W-9



SPECIALTIES IDENTIFICATION
DIVISION NUMBERS AND TITLES
CSI MasterFormat 2004 Edition

Please check all that apply to your business

General Requirements Subgroup

- Division 01 General Requirements

Facility Construction Subgroup

- Division 02 Existing Conditions
- Division 03 Concrete
- Division 04 Masonry
- Division 05 Metals
- Division 06 Wood, Plastics, and Composites
- Division 07 Thermal and Moisture Protection
- Division 08 Openings
- Division 09 Finishes
- Division 10 Specialties
- Division 11 Equipment
- Division 12 Furnishings
- Division 13 Special Construction
- Division 14 Conveying Equipment

Facility Services Subgroup

- Division 21 Fire Suppression
- Division 22 Plumbing
- Division 23 Heating, Ventilating, and Air Conditioning
- Division 24 Reserved
- Division 25 Integrated Automation
- Division 26 Electrical
- Division 27 Communications
- Division 28 Electronic Safety and Security

Site and Infrastructure Subgroup

- Division 31 Earthwork
- Division 32 Exterior Improvements
- Division 33 Utilities
- Division 34 Transportation
- Division 35 Waterway and Marine Construction

Process Equipment Subgroup

- Division 40 Process Integration
- Division 41 Material Processing and Handling Equipment
- Division 42 Process Heating, Cooling, and Drying Equipment



- Division 43 Process Gas & Liquid Handling, Purification, & Storage Equipment
- Division 44 Pollution Control Equipment
- Division 45 Industry-Specific Manufacturing Equipment
- Division 46 Reserved
- Division 47 Reserved
- Division 48 Electrical Power Generation