



## SUBCONTRACTOR PRE-QUALIFICATION PACKAGE STATEMENT

Thank you for your interest in working with Hawk Construction. Please complete the following Subcontractor Pre-Qualification and return to our office at [sales@hawkprecast.com](mailto:sales@hawkprecast.com):

DATE: SUBCONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

CHECK ONE: Corporation:  Partnership:  Individual:  Other:

MINORITY BUSINESS ENTERPRISE: Yes:  No:

If yes, describe: \_\_\_\_\_

TYPE OF WORK PERFORMED: \_\_\_\_\_

### A. ORGANIZATION

1. How many years has your organization been in business under its present name?

\_\_\_\_\_

2. Under what other (or former) names has your organization operated and how long did your organization operate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## A. ORGANIZATION

3. If your organization is a corporation, answer the following:

a. Date of incorporation: \_\_\_\_\_

b. State of incorporation: \_\_\_\_\_

c. President's name: \_\_\_\_\_

d. Vice President's name(s): \_\_\_\_\_

\_\_\_\_\_

e. Secretary's name: \_\_\_\_\_

f. Treasurer's name: \_\_\_\_\_

4. If your organization is a partnership, answer the following:

a. Date of organization: \_\_\_\_\_

b. Type of partnership (if applicable): \_\_\_\_\_

\_\_\_\_\_

c. Name(s) of general partner(s): \_\_\_\_\_

5. If your organization is individually owned, answer the following:

a. Date of organization: \_\_\_\_\_

b. Name of owner(s): \_\_\_\_\_

\_\_\_\_\_

## B. LICENSING

1. List jurisdictions and trade categories in which you are legally qualified to do business.

\_\_\_\_\_

\_\_\_\_\_

## C. EXPERIENCE AND FINANCIAL INFORMATION

1. Claims and Suits (if the answer to any of the questions below is yes, be specific):

a. Has your organization ever failed to complete any work awarded to it? If yes, please explain.

\_\_\_\_\_

## C. EXPERIENCE AND FINANCIAL INFORMATION

- b. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers? If yes, please explain.

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- c. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts in the last five years? If yes, please explain.

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- d. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? If yes, please explain.

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2. State annual amount of construction work performed during the past five years with most recent first.

	Year	Amount
1 <sup>st</sup>	_____	\$ _____
2 <sup>nd</sup>	_____	\$ _____
3 <sup>rd</sup>	_____	\$ _____
4 <sup>th</sup>	_____	\$ _____
5 <sup>th</sup>	_____	\$ _____

3. Please provide a sample copy of your organization's insurance certificates, including policy limits per Occurrence and Aggregate.

## D. REFERENCES

1. List three **suppliers** for credit references (company name, address, and complete phone and fax numbers MUST be included for this application to be processed).

Company:

Address:

Phone:

Email:

Company:

Address:

Phone:

Email:

Company:

Address:

Phone:

Email:

2. List three **general contractors** for references.

Company:

Address:

Contact:

Phone:

Company:

Address:

Contact:

Phone:

Company:

Address:

Contact:

Phone:

## D. REFERENCES

3. List major construction projects you have completed in the last five years.

**Project Name and Location:** \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Completion Date (or % complete): \_\_\_\_\_

General Contractor: \_\_\_\_\_

GC Contact: \_\_\_\_\_ GC Title: \_\_\_\_\_

GC Phone: \_\_\_\_\_ GC Email: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

A/E Contact: \_\_\_\_\_ A/E Title: \_\_\_\_\_

A/E Phone: \_\_\_\_\_ A/E Email: \_\_\_\_\_

**Project Name and Location:** \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Completion Date (or % complete): \_\_\_\_\_

General Contractor: \_\_\_\_\_

GC Contact: \_\_\_\_\_ GC Title: \_\_\_\_\_

GC Phone: \_\_\_\_\_ GC Email: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

A/E Contact: \_\_\_\_\_ A/E Title: \_\_\_\_\_

A/E Phone: \_\_\_\_\_ A/E Email: \_\_\_\_\_

**Project Name and Location:** \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Completion Date (or % complete): \_\_\_\_\_

General Contractor: \_\_\_\_\_

GC Contact: \_\_\_\_\_ GC Title: \_\_\_\_\_

GC Phone: \_\_\_\_\_ GC Email: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

A/E Contact: \_\_\_\_\_ A/E Title: \_\_\_\_\_

A/E Phone: \_\_\_\_\_ A/E Email: \_\_\_\_\_

## D. REFERENCES

4. What is the largest contract your company has completed in the last five years?

Project Name: \_\_\_\_\_

Company: \_\_\_\_\_

Contract Value: \_\_\_\_\_

Completion Date: \_\_\_\_\_

***NOTE: In order to process the references listed, the attached authorization form needs to be signed and titled by an authorized individual. Please sign the authorization line at the bottom of the form; we will complete the form when the references are contacted.***

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

### **AUTHORIZED SIGNATURE:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Name of Organization: \_\_\_\_\_

By: Name: \_\_\_\_\_

Title: \_\_\_\_\_

## E. CURRENT PROJECTS

1. List three projects currently under contract.

**Project Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Contract Value: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Contract Value: \_\_\_\_\_

Completion Date: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Company: \_\_\_\_\_

Contract Value: \_\_\_\_\_

Completion Date: \_\_\_\_\_

## F. HUB

1. Are you registered for HUB with the State of Texas? Yes:

No:

## G. W9

1. Please attach your W9 with this package.

## H. SAFETY

Please submit your Experience Modification Rating (EMR) for the previous five years. Your insurance broker or workman's comp insurance company can provide you with this number. Please attach a letter from your insurance company that verifies this information:

	Year	EMR
1 <sup>st</sup>	_____	_____
2 <sup>nd</sup>	_____	_____
3 <sup>rd</sup>	_____	_____
4 <sup>th</sup>	_____	_____
5 <sup>th</sup>	_____	_____

Please submit a copy of your written safety program if available.

Please submit the name and phone number for the person responsible for safety issues within your organization.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any OSHA or other agency safety violations which have become final within the last five years.

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Do you currently have any pending violations with any of the above mentioned agencies which have not been adjudicated?

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