



SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION FORM

Contractors/Subcontractors must complete the entire form. Suppliers only need to complete Sections 1-3 and check off applicable CSI codes.

Pre-Qualification Form to be returned to:

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SECTION 1: ORGANIZATIONAL INFORMATION

GENERAL INFORMATION

- Company Name: _____
- Address: _____
- City, State, Zip: _____
- Phone Number: (____) _____ Fax Number: (____) _____
- Website Address: _____
- Year Established: _____
- Fed. Tax ID#: _____
- Signature: _____ Date: _____

TYPE OF ORGANIZATION:

- Is your organization a Corporation? Yes _____ No _____
 - a) State of Incorporation: _____ Date of Incorporation: _____
 - b) Executive Officer(s) Name: _____ Title: _____
 - c) Address: _____
- Is your organization a Partnership? Yes _____ No _____
 - a) State of Organization: _____ Date of Organization: _____
 - b) General Partner(s) Name: _____ Title: _____
 - c) Address: _____



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- Is your organization a Joint Venture? Yes _____ No _____
 - a) State of Organization: _____ Date of Organization: _____
 - b) Name(s): _____ Title: _____
 - c) Managing/Controlling Joint Venture: _____
 - d) Address: _____

- Is your organization a Limited Liability Company (LLC)? Yes _____ No _____
 - a) State of Organization: _____ Date of Organization: _____
 - b) LLC Member(s) Name: _____ Title: _____
 - c) Address: _____

- Is your organization a Sole Proprietorship? Yes _____ No _____
 - a) State of Organization: _____ Date of Organization: _____
 - b) Owner(s) Name: _____ Title: _____
 - c) Address: _____

DISADVANTAGED BUSINESS STATUS

**If applicable, you must attach a copy of your certification.*

	Certifying Agency	Certification No.	Expiration Date
<input type="checkbox"/> Minority	_____	_____	_____
<input type="checkbox"/> Women	_____	_____	_____
<input type="checkbox"/> Disadvantaged	_____	_____	_____
<input type="checkbox"/> Veteran	_____	_____	_____
<input type="checkbox"/> Small Business	_____	_____	_____
<input type="checkbox"/> Hub Zone	_____	_____	_____



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SECTION 2: COMPANY'S PERSONNEL & MANAGEMENT APPROACH

COMPANY'S KEY PERSONNEL CONTACT INFORMATION:

- 1) Primary: _____
 - a) Phone No. (_____) _____
 - b) E-mail: _____

- 2) Estimating/Preconstruction: _____
 - a) Phone No. (_____) _____
 - b) E-mail: _____

- 3) Field Supervision: _____
 - a) Phone No. (_____) _____
 - b) E-mail: _____

- 4) Safety: _____
 - a) Phone No. (_____) _____
 - b) E-mail: _____

- 5) Insurance: _____
 - a) Phone No. (_____) _____
 - b) E-mail: _____

- 6) List the number of field foreman and craft workers/field technicians presently employed by your company.
Foremen: _____
Craftworkers: _____

Note: Suppliers only need to provide a primary contact



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SECTION 3: SUBCONTRACTOR'S EXPERIENCE

PERFORMANCE

1) Check all markets you are willing to work in:

- Cincinnati
- Dayton
- Indianapolis

2) Check which applies:

- Architect/Engineer
- Manufacturer's Rep
- General Contractor
- Subcontractor
- Distributor/Supplier
- Bldg Prod Manufacturer

3) On the attached pages, check all CSI codes that your organization supplies

NOTE: Only subcontractors are required to complete the remainder of this form (i.e. if you provide field labor you must complete the following questions.)

4) List the three largest projects completed in the last two years, including references, contacts and phone numbers.

a) Job Name: _____ Owner: _____
 Project Type (CM/GC): _____ Completion Date: _____ Contract Amt: _____
 CM/GC Contact Name: _____ Phone No.: (____) _____
 City/State/Zip: _____

b) Job Name: _____ Owner: _____
 Project Type (CM/GC): _____ Completion Date: _____ Contract Amt: _____
 CM/GC Contact Name: _____ Phone No.: (____) _____
 City/State/Zip: _____

c) Job Name: _____ Owner: _____
 Project Type (CM/GC): _____ Completion Date: _____ Contract Amt: _____
 CM/GC Contact Name: _____ Phone No.: (____) _____
 City/State/Zip: _____

5) Annual Construction Volume:

a) State the annual dollar amount of work performed during the last three years:
 20____ \$ _____ 20____ \$ _____ 20____ \$ _____

b) How many claims/litigation issues has your company been involved in the last 5 years? _____

c) What was the dollar magnitude? \$ _____

d) Describe the Circumstances: _____



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SECTION 4: SAFETY PROGRAM

1) Provide a copy of your Company's written safety program

2) Safety Officer Contact Information:

- a) Name: _____
- b) Phone No.: _____
- c) E-mail: _____

3) Provide information for the last three (3) years:

****THIS SECTION MUST BE COMPLETED USING THE OSHA 300 FORM*. (SEE FORMULAS BELOW TO CALCULATE REQUESTED SAFETY INFORMATION).***

	20__	20__	20__
EMR	_____	_____	_____
<i>(Experience Modification Rate - as provided by your Workers Comp insurance provider)</i>			
Incident Rate	_____	_____	_____
Frequency Rate (TRFR)	_____	_____	_____
Severity Rate	_____	_____	_____
Fatalities	_____	_____	_____
OSHA Citations per Year	_____	_____	_____
Hours Worked per Year	_____	_____	_____

List the states included in the above safety statistical information: _____

CALCULATING OSHA STATISTICS - Use your OSHA 300 form to calculate:

Incident Rate (Total Recordable Accidents)

(Columns G+H+I+J) ÷ Total Hours Worked for the Year X 200,000 = your company's incident rate

Frequency Rate (Lost Time Cases)

(Columns H+I) ÷ Total Hours Worked for the Year X 200,000 = your company's frequency rate

Severity Rate (Lost Days)

(Columns K+L) ÷ Total Hours Worked for the Year X 200,000 = your company's severity rate

4) Does your company have a Drug-Free Workplace program in place? Yes _____ No _____

- a) If yes, is your DFWP certified by the State of Ohio BWC? (Only applicable if you perform work in Ohio);
Yes _____ No _____
- b) If yes, provide the Policy No.: _____



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SECTION 5: SURETY/INSURANCE & FINANCIAL INFORMATION

1) Bonding and Insurance

- a) Name of the Surety: _____
- b) Agent's Name: _____
- c) Phone No: (_____) _____
- d) Address: _____
- e) Aggregate Bonding Capacity: \$ _____
- f) Bonding Limit per Project: \$ _____
- g) Available Bonding Capacity: \$ _____
- h) If required, can this subcontractor provide a bid bond? _____
- i) Provide a copy of Commercial General Liability Carrier and Summary of Coverage

2) Financial Information

- a) Bank Name: _____
- b) Bank Branch: _____
- c) Contact Name: _____
 - i. Phone No.: (_____) _____
 - ii. E-Mail: _____
- d) Bank's Address: _____

3) Financial Statements

- a) Provide financial statements for the last (3) years. Statements to include the following information:
 - i. Current assets
 - ii. Net fixed assets
 - iii. Other assets
 - iv. Retained earnings & net worth
 - v. Current liabilities (i.e. AP, taxes, accrued expenses, etc.)
 - vi. Other Liabilities (i.e. capital, stock, earned surplus, etc.)
 - vii. Date of statement
 - viii. Name of firm preparing the statement
 - ix. Balance sheet



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CSI CODES

Division 02 - Existing Conditions

- 02 00 00 - Existing Conditions
- 02 10 00 - *Unassigned*
- 02 20 00 - Assessment
- 02 30 00 - Subsurface Investigation
- 02 40 00 - Demolition and Structure Moving
- 02 50 00 - Site Remediation
- 02 60 00 - Contaminated Site Material Removal
- 02 70 00 - Water Remediation
- 02 80 00 - Facility Remediation
- 02 90 00 - *Unassigned*

Division 03 - Concrete

- 03 00 00 - Concrete
- 03 10 00 - Concrete Forming and Accessories
- 03 20 00 - Concrete Reinforcing
- 03 30 00 - Cast-in-Place Concrete
- 03 40 00 - Precast Concrete
- 03 50 00 - Cast Decks and Underlayment
- 03 60 00 - Grouting
- 03 70 00 - Mass Concrete
- 03 80 00 - Concrete Cutting and Boring
- 03 90 00 - *Unassigned*

Division 04 - Masonry

- 04 00 00 - Masonry
- 04 10 00 - *Unassigned*
- 04 20 00 - Unit Masonry
- 04 30 00 - *Unassigned*
- 04 40 00 - Stone Assemblies
- 04 50 00 - Refractory Masonry
- 04 60 00 - Corrosion-Resistant Masonry
- 04 70 00 - Manufactured Masonry
- 04 80 00 - *Unassigned*
- 04 90 00 - *Unassigned*

Division 05 - Metals

- 05 00 00 - Metals
- 05 10 00 - Structural Metal Framing
- 05 20 00 - Metal Joists
- 05 30 00 - Metal Decking
- 05 40 00 - Cold-Formed Metal Framing
- 05 50 00 - Metal Fabrications
- 05 60 00 - *Unassigned*
- 05 70 00 - Decorative Metal
- 05 80 00 - *Unassigned*

Division 06 - Wood, Plastics, Composites

- 06 00 00 - Wood, Plastics, Composites
- 06 10 00 - Rough Carpentry
- 06 20 00 - Finish Carpentry
- 06 30 00 - *Unassigned*
- 06 40 00 - Architectural Woodwork
- 06 50 00 - Structural Plastics

- 06 60 00 - Plastic Fabrications
- 06 70 00 - Structural Composites
- 06 80 00 - Composite Fabrications
- 06 90 00 - *Unassigned*

Division 07 - Thermal and Moisture Protection

- 07 00 00 - Thermal and Moisture Protection
- 07 10 00 - Dampproofing and Waterproofing
- 07 20 00 - Thermal Protection
- 07 25 00 - Weather Barriers
- 07 30 00 - Steep Slope Roofing
- 07 40 00 - Roofing and Siding Panels
- 07 50 00 - Membrane Roofing
- 07 60 00 - Flashing and Sheet Metal
- 07 70 00 - Roof/Wall Specialties & Accessories
- 07 80 00 - Fire and Smoke Protection
- 07 90 00 - Joint Protection

Division 08 - Openings

- 08 00 00 - Openings
- 08 10 00 - Doors and Frames
- 08 20 00 - *Unassigned*
- 08 30 00 - Specialty Doors and Frames
- 08 40 00 - Entrances, Storefronts & Curtain Walls
- 08 50 00 - Windows
- 08 60 00 - Roof Windows and Skylights
- 08 70 00 - Hardware
- 08 80 00 - Glazing
- 08 90 00 - Louvers and Vents

Division 09 - Finishes

- 09 00 00 - Finishes
- 09 10 00 - *Unassigned*
- 09 20 00 - Plaster and Gypsum Board
- 09 30 00 - Tiling
- 09 40 00 - *Unassigned*
- 09 50 00 - Ceilings
- 09 60 00 - Floorings
- 09 70 00 - Wall Finishes
- 09 80 00 - Acoustic Treatment
- 09 90 00 - Painting and Coating

Division 10 - Specialties

- 10 00 00 - Specialties
- 10 10 00 - Information Specialties
- 10 20 00 - Interior Specialties
- 10 30 00 - Fireplaces and Stoves
- 10 40 00 - Safety Specialties
- 10 50 00 - Storage Specialties
- 10 60 00 - *Unassigned*
- 10 70 00 - Exterior Specialties
- 10 80 00 - Other Specialties
- 10 90 00 - *Unassigned*



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Division 11 - Equipment

- 11 00 00 - Equipment
- 11 10 00 - Vehicle and Pedestrian Equipment
- 11 15 00 - Security, Detention, & Banking Equipment
- 11 20 00 - Commercial Equipment
- 11 30 00 - Residential Equipment
- 11 40 00 - Foodservice Equipment
- 11 50 00 - Educational and Scientific Equipment
- 11 60 00 - Entertainment Equipment
- 11 65 00 - Athletic and Recreational Equipment
- 11 70 00 - Healthcare Equipment
- 11 80 00 - Collection and Disposal Equipment
- 11 90 00 - Other Equipment

Division 12 - Furnishings

- 12 00 00 - Furnishings
- 12 10 00 - Art
- 12 20 00 - Window Treatments
- 12 30 00 - Casework
- 12 40 00 - Furnishings and Accessories
- 12 50 00 - Furniture
- 12 60 00 - Multiple Seating
- 12 70 00 - *Unassigned*
- 12 80 00 - *Unassigned*
- 12 90 00 - Other Furnishings

Division 13 - Special Construction

- 13 00 00 - Special Construction
- 13 10 00 - Special Facility Components
- 13 20 00 - Special Purpose Rooms
- 13 30 00 - Special Structures
- 13 40 00 - Integrated Construction
- 13 50 00 - Special Instrumentation
- 13 60 00 - *Unassigned*
- 13 70 00 - *Unassigned*
- 13 80 00 - *Unassigned*
- 13 90 00 - *Unassigned*

Division 14 - Conveying Equipment

- 14 00 00 - Conveying Equipment
- 14 10 00 - Dumbwaiters
- 14 20 00 - Elevators
- 14 30 00 - Escalators and Moving Walks
- 14 40 00 - Lifts
- 14 50 00 - *Unassigned*
- 14 60 00 - *Unassigned*
- 14 70 00 - Turntables
- 14 80 00 - Scaffolding
- 14 90 00 - Other Conveying Equipment

Division 21 - Fire Suppression

- 21 00 00 - Fire Suppression
- 21 10 00 - Water-Based Fire-Suppression Systems

- 21 20 00 - Fire-Extinguishing Systems
- 21 30 00 - Fire Pumps
- 21 40 00 - Fire Suppression Water Storage

Division 22 - Plumbing

- 22 00 00 - Plumbing
- 22 10 00 - Plumbing Piping
- 22 20 00 - *Unassigned*
- 22 30 00 - Plumbing Equipment
- 22 40 00 - Plumbing Fixtures
- 22 50 00 - Pool and Fountain Plumbing Systems
- 22 60 00 - Gas and Vacuum Systems for Laboratory and Healthcare Facilities

Division 23 - (HVAC)

- 23 00 00 - Heating, Ventilating, and Air Conditioning (HVAC)
- 23 10 00 - Facility Fuel Systems
- 23 20 00 - HVAC Piping and Pumps
- 23 30 00 - HVAC Air Distribution
- 23 40 00 - HVAC Air Cleaning Devices
- 23 50 00 - Central Heating Equipment
- 23 60 00 - Central Cooling Equipment
- 23 70 00 - Central HVAC Equipment
- 23 80 00 - Decentralized HVAC Equipment
- 23 90 00 - *Unassigned*

Division 25 - Integrated Automation

- 25 00 00 - Integrated Automation
- 25 10 00 - Integrated Automation Network Equipment
- 25 20 00 - *Unassigned*
- 25 30 00 - Integrated Automation Instrumentation and Terminal Devices
- 25 40 00 - *Unassigned*
- 25 50 00 - Integrated Automation Facility Controls
- 25 60 00 - *Unassigned*
- 25 70 00 - *Unassigned*
- 25 80 00 - *Unassigned*
- 25 90 00 - Integrated Automation Control Sequences

Division 26 - Electrical

- 26 00 00 - Electrical
- 26 10 00 - Medium-Voltage Electrical Distribution
- 26 20 00 - Low-Voltage Electrical Transmission
- 26 30 00 - Facility Electrical Power Generating & Storing Equipment
- 26 40 00 - Electrical and Cathodic Protection
- 26 50 00 - Lighting

Division 27 - Communications

- 27 00 00 - Communications
- 27 10 00 - Structured Cabling
- 27 20 00 - Data Communications



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- 27 30 00 - Voice Communications
- 27 40 00 - Audio-Video Communications
- 27 50 00 - Distributed Communications & Monitoring Systems

Division 28 - Electronic Safety and Security

- 28 00 00 - Electronic Safety and Security
- 28 10 00 - Electronic Access Control and Intrusion Detection
- 28 20 00 - Electronic Surveillance
- 28 30 00 - Electronic Detection and Alarm
- 28 40 00 - Electronic Monitoring and Control

Division 31 - Earthwork

- 31 00 00 - Earthwork
- 31 10 00 - Site Clearing
- 31 20 00 - Earth Moving
- 31 30 00 - Earthwork Methods
- 31 40 00 - Shoring and Underpinning
- 31 50 00 - Excavation Support and Protection
- 31 60 00 - Special Foundations and Load-Bearing Elements
- 31 70 00 - Tunneling and Mining

Division 32 - Exterior Improvements

- 32 00 00 - Exterior Improvements
- 32 10 00 - Bases, Ballasts, and Paving
- 32 20 00 - *Unassigned*
- 32 30 00 - Site Improvements
- 32 40 00 - *Unassigned*
- 32 50 00 - *Unassigned*
- 32 60 00 - *Unassigned*
- 32 70 00 - Wetlands
- 32 80 00 - Irrigation
- 32 90 00 - Planting

Division 33 - Utilities

- 33 00 00 - Utilities
- 33 10 00 - Water Utilities
- 33 20 00 - Wells
- 33 30 00 - Sanitary Sewerage Utilities
- 33 40 00 - Storm Drainage Utilities
- 33 50 00 - Fuel Distribution Utilities
- 33 60 00 - Hydronic and Steam Energy Utilities
- 33 70 00 - Electrical Utilities
- 33 80 00 - Communications Utilities
- 33 90 00 - *Unassigned*