

Subcontractor Prequalification Questionnaire

All questions contained in this questionnaire are strictly confidential.

Prior to completing this questionnaire, please have the following documents ready: Completed and signed W-9 Form; any Certifications (MBE, WBE, etc.); Certificate of Insurance (including endorsements); EMR Letter of Verification (3-year History); OSHA 300 and 300A Forms (3-year History); Safety Manual (in a compressed PDF format); Letter of Bondability/Bonding Capability; CPA Prepared Financial Statement; and QA/QC Manual (in a compressed PDF format).

*

Company Headquarters Information

Federal Tax ID:

Year Company Founded

Company Name: *

Also Known As

Legal Name

Parent Corp.

Address: *

Contact *

Suite:

Phone *

City: *

Toll Free

State *

Fax

Zip *

E-mail *

Country

Branch Offices: (Enter all your branch office(s) and bid contact names)

[Add Row](#)

Indicate what region your company does work in: *

☐ Select All Regions

☐ Alaska

☐ Massachusetts

☐ New York

☐ Alabama

☐ Maryland

☐ Ohio

☐ Arkansas

☐ Maine

☐ Oklahoma

☐ Arizona

☐ Michigan

☐ Oregon

☐ California

☐ Minnesota - Central

☐ Pennsylvania

☐ Colorado

☐ Minnesota - Northern

☐ Rhode Island

☐ Connecticut

☐ Minnesota - Southern

☐ South Carolina

☐ Delaware

☐ Minnesota - Twin Cities Area

☐ South Dakota

☐ Florida

☐ Missouri

☐ Tennessee

☐ Georgia

☐ Mississippi

☐ Texas

☐ Hawaii

☐ Montana

☐ Utah

☐ Iowa

☐ North Carolina

☐ Virginia

☐ Idaho

☐ North Dakota

☐ Vermont

☐ Illinois

☐ Nebraska

☐ Washington

☐ Indiana

☐ New Hampshire

☐ Wisconsin

☐ Kansas

☐ New Jersey

☐ West Virginia

☐ Kentucky

☐ New Mexico

☐ Wyoming

☐ Louisiana

☐ Nevada

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IMPORTANT: Select this after completing every page.
This will save your work if the web page times out.

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General Information

| License Information: | Enter your company's contractors license information | | |
|----------------------|--|----------------|----------------------------|
| Authority* | Class | License Number | Date Expire |
| N/A | | | |
| | | | Remove Row |
| | | | Add Row |

Minority Business Enterprise Status:

- | | | |
|---|--|---|
| <input type="checkbox"/> 8(a) Disadvantaged Business - Federal SBA program | <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Section 3 - HUD housing monies |
| <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> North Central Minority Supplier Diversity Council | <input type="checkbox"/> Small Business Enterprise |
| <input type="checkbox"/> Service Disabled Veteran Owned Business Enterprise | <input type="checkbox"/> Target Group Business | <input type="checkbox"/> TX HUB |
| <input type="checkbox"/> Veteran Owned Business Enterprise | <input type="checkbox"/> Woman Business Enterprise | <input type="checkbox"/> Women Business Enterprise National Council |
| <input type="checkbox"/> Woman Business Enterprise and Minority Business Enterprise | | |
| <input type="checkbox"/> Other | | |

IMPORTANT: Check YES or NO. System will not let you proceed if left unchecked.

Is your firm signatory to any unions?* ☐ Yes ☐ No

| Trade Information:* | Certifying Agency Names: |
|----------------------------|----------------------------|
| | |
| Remove Row | Remove Row |
| Add Row | Add Row |

Union Affiliations

[Add Row](#)

Select all scopes of work your company performs.

NOTE: Selecting "General Contractors" alone is not acceptable. Please include all self-performed work.

IMPORTANT: Click magnify glass to select options. Manually entering will NOT work.

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Insurance Information

NOTE: Please review the attached McGough Insurance Requirements to verify whether or not your company meets the requirements. If your policy does not meet our requirements, please mark up the McGough Insurance Requirements to reflect any differences between your policy and our requirements.

IMPORTANT!! Please submit a copy of your current Insurance Certificate including any endorsements.

Insurance Broker Name: *

GL Expiration Date: *

We have reviewed the attached documents and we fully meet the Insurance Requirements* ☐ Yes ☐ No

If you have checked No, then please check from the list below, the Insurance Requirements you DO NOT MEET.

- ☐ Primary layer of insurance for one or more lines of coverage does not meet required limits.
- ☐ Umbrella layer of insurance does not meet required limits.
- ☐ Additional Insured requirement is not met.
- ☐ Waiver of subrogation requirement is not met.
- ☐ Completed Operations coverage requirement is not met.
- ☐ Other

Insurance Comments:

Safety Information (OSHA Form 300A Must Be Attached)

Does your company have a written field based safety program?* ☐ Yes ☐ No

Does your company have a substance abuse policy?* ☐ Yes ☐ No

Do you hold site safety meetings?* ☐ Yes ☐ No How Often?

Do you conduct project site safety inspections?* ☐ Yes ☐ No How Often?

Who follows up on these Inspections?*

Does your company employ a Safety Professional?* ☐ Yes ☐ No Provide contact information

Does your company provide initial/refresher required OSHA training?* ☐ Yes ☐ No

Does your company pre-qualify your subcontractors?* ☐ Yes ☐ No

| Year * | Citations* | EMR* | RIR* | LTIR* | FWH* | ANE* | Fatalities* |
|--------|------------|------|------|-------|------|------|-------------|
| 2024 | | | | | | | |
| 2023 | | | | | | | |
| 2022 | | | | | | | |

[Add Row](#)

Citations - Please enter number of OSHA Citations received during that year (citations, not violations)

EMR - Experience Modification Rate. Your Workers Comp carrier should have this information

RIR - Recordable Incident Rate - Add columns I & J from the OSHA 300a log multiply by 200,000 and divide by Total hours worked by all employees.

LTIR - Lost Time Incident Rate - Column H from OSHA 300a log multiply by 200,000 and divide by Total hours worked by all employees

FWH - Total hours worked by all employees - located on right hand side of OSHA 300A form

ANE - Annual Number of Employees - located on right hand side of OSHA 300A

Fatalities - Column G from OSHA 300A form

NOTE: If your company did not qualify for an EMR for any or all years required, please enter "1" and provide a letter from your insurance company that states which years you did not qualify for an EMR.

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Surety Information

Is your Company Bondable?* ☐ Yes ☐ No

Surety Company

Broker Name

Phone

Single Project Bonding Capacity

Aggregate Project Bonding Capacity

Current amount under bond today

Bonding Rates Per \$1,000

\$ 0 - \$ 100 K

\$ 100 K - \$ 500 K

\$ 500 K - \$ 1 M

\$ 1 M - \$ 2 M

\$ 2 M - \$ 5 M

Financial Information

Financial Year Ending:* [Add Year](#)

Legal Entity Type*

Year Company Founded

Fiscal Year End Date *

Subsidiary Names: 1.

2.

3.

4.

5.

Parent Organization

Previous Company Names: 1.

2.

3.

4.

5.

Has Your Firm Ever Filed Bankruptcy?* ☐ Yes ☐ No

If Yes, explain:

Accountant:

Currency

Subcontractor is required to send a CPA prepared financial statement. This document will be held in strict confidence for the purpose of this Subcontractor Prequalification only.

Amount Line Of Credit*

Against Line Of Credit*

Highest Dollar Project Ever Awarded*

Average Project Size*

Questions regarding any financial information, please contact the McGough Prequalification Department at subprequal@mcgough.com

Company Officers: *

Company Officer Name

Title

Action

[Remove Row](#)

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Financial Information

Enter information for a contact in your company who can answer specific questions about your Financials:

| | | | | | |
|-------------------|----------------------|----------|----------------------|-----|----------------------|
| Contact Name: * | <input type="text"/> | Phone * | <input type="text"/> | Fax | <input type="text"/> |
| Title/Position: * | <input type="text"/> | E-mail * | <input type="text"/> | | |
| Bank Reference: | | | | | |
| Name of Bank: * | <input type="text"/> | Phone * | <input type="text"/> | | |
| Contact Name: * | <input type="text"/> | Fax | <input type="text"/> | | |
| Title/Position: | <input type="text"/> | E-mail | <input type="text"/> | | |

Litigation Information

If yes, please enter a brief description

| | | |
|--|--|----------------------|
| Any current litigation with Owners or General Contractors? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Any judgements against in the last 3 years? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Any Principals of your company in litigation? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Any paid liquidated damages? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Any labor law violations? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Have you ever defaulted on a contract? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Ever failed to complete a contract? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Have you ever been terminated from a contract? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |
| Have you ever had your license revoked or suspended? * | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/> |

References

| | | | | |
|-------------------------|----------------------|----------------|----------------------|----------------------------|
| Company Name:* | <input type="text"/> | Contact Name:* | <input type="text"/> | Remove Row |
| Address* | <input type="text"/> | E-mail* | <input type="text"/> | |
| City* State* Zip* | <input type="text"/> | Phone* | <input type="text"/> | |
| Company Name:* | <input type="text"/> | Contact Name:* | <input type="text"/> | Remove Row |
| Address* | <input type="text"/> | E-mail* | <input type="text"/> | |
| City* State* Zip* | <input type="text"/> | Phone* | <input type="text"/> | |
| Company Name:* | <input type="text"/> | Contact Name:* | <input type="text"/> | Remove Row |
| Address* | <input type="text"/> | E-mail* | <input type="text"/> | |
| City* State* Zip* | <input type="text"/> | Phone* | <input type="text"/> | |
| Add Row | | | | |

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Additional Information

QA System (Y/N) Yes



Labor / Material / Both? * Labor & Material



IMPORTANT: Click magnify glass to select options. Manually entering will NOT work.

The following attachments are required to be submitted at the same time as the Prequalification. At least one of them must exist before you will be able to submit the form to us.

- Completed and signed W-9 Form;
- Any Certifications (MBE, WBE, etc.);
- Certificate of Insurance (including endorsements);
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- OSHA 300 and 300A Forms (3-year History);
- Safety Manual (in a compressed PDF format);
- Letter of Bondability/Bonding Capability;
- CPA Prepared Financial Statement;
- QA/QC Manual (in a compressed PDF format).

| Code | Description |
|------|-------------|
| Y | Yes |
| N | No |

| Code | Description |
|------------------|------------------|
| Material Only | Material Only |
| Labor & Material | Labor & Material |
| Labor Only | Labor Only |

Should you need to send any of these at a separate time, they can be e-mailed to our McGough Prequalification Department at subprequal@mcgough.com.

Please click 'Add Row' to add a description such as "insurance cert" and then click the browse button to attach documents to your application.

To ensure the confidentiality of your company's financials, please be sure to check the box "Financial Attachments" when submitting financials only.

Attachments

Description: *

File: No file chosen

Attachment

[Add Row](#)

[Remove Row](#)

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Please review your data entered. If you need to make any corrections you may go back and do so. By clicking the 'Submit' button at the bottom of this page you are confirming that all information included in this application and supporting documents is current, true and accurate.

If you would like to keep a copy of this questionnaire for your records, please 'Print' prior to hitting the 'Submit' button. Please note that after you hit 'Submit' you should receive a confirmation page. If you do not, please contact McGough Prequalification Department at subprequal@mcgough.com directly.

Print **Submit**

Example: Below is all your data that will populate in this final review section on Page 7. Please follow instructions above if you wish to make any changes or want to print a copy for your record.

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Company Headquarters Information

| | |
|------------------------|-----------------------------|
| Federal Tax ID: | Year Company Founded |
| Company Name: | |
| Also Known As | |
| Legal Name | |
| Parent Corp. | |
| Address: | Contact |
| Suite: | Phone |
| City: | Toll Free |
| State | Fax |
| Zip | E-mail |
| Country | |

Branch Offices: (Enter all your branch office(s) and bid contact names)

Indicate what region your company does work in:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York |
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Maryland | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Maine | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Michigan | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> California | <input checked="" type="checkbox"/> Minnesota - Central | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Colorado | <input checked="" type="checkbox"/> Minnesota - Northern | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Connecticut | <input checked="" type="checkbox"/> Minnesota - Southern | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Delaware | <input checked="" type="checkbox"/> Minnesota - Twin Cities Area | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Missouri | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Montana | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> New Jersey | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nevada | |