



Venture General Contracting, LLC Pre-Qualification Form

Thank you for your interest in Venture General Contracting, LLC. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and return to:

Venture General Contracting, LLC

Attention: _____

Phone: _____

Email: _____

Date of Response: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Name of Company: _____

Street Address: _____

(city) (state) (zip)

Mailing Address: _____

(city) (state) (zip)

Phone: _____ Fax: _____

Contact : _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact _____ Phone: _____ Cell Phone: _____ E-mail: _____

Contact _____ Phone: _____ Cell Phone: _____ E-mail: _____

Website: _____

Is your Company:

☐ MBE ☐ WBE ☐ DBE MBE/WBE/DBE Certified by: _____

Please attach copies of all certifications.

Is this address the: ☐ Main Office ☐ Regional Office ☐ Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Trades

Please fill-in the trade(s) that your Company is interested in bidding

Year Company Started: _____ Type of Company: ☐ Corp. ☐ Partnership ☐ Proprietorship ☐ Sub. S. Corp.

State of Incorporation: _____ Date of Incorporation: _____

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)



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SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE *(continued)*

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ:

HomeOffice _____ Field Supervisory _____ Tradespeople _____

How many people did your Company employ on average for the last 3 years?

HomeOffice _____ Field Supervisory _____ Tradespeople _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes _____ No

If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____ Yes _____ No

If yes, please explain: _____

Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? _____ Yes _____ No

If yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____ Yes _____ No

If yes, please explain: _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? _____ Yes _____ No

If yes, please explain: _____

Does your Company have any outstanding judgments or claims against it? _____ Yes _____ No

If yes, please explain: _____



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SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE *(continued)*

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____

List the geographical areas in which you work : _____

List Unions which you have agreements with:

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

What is the largest contract your Company has completed?

Amount: \$ _____ Year: _____ Project name and scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol.	_____	Yr./Vol.	_____	Yr./Vol.	_____
Yr./Vol.	_____	Yr./Vol.	_____		

Attach a list of current major projects giving name of project, address, owner, general contractor, contract amount, and scheduled completion.

Attach a list of completed major projects giving name of project, address, owner, general contractor, contract amount and year.

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Venture Purchasing Dept use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided: _____



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Name of your Bank: _____
Address: _____
Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration date: _____

What is Company's Dunn & Bradstreet Number: _____
D&B Rating: _____ Pay Record: _____ Date of Rating: _____
Remarks: _____

Bonding Company:

A. Name of Surety Key Contact Person/Phone

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

Date of Last Bond _____ Amount: \$ _____
Bond Rate _____ %

C. Please list the persons or entities who provide indemnification to your Surety: _____

List three of your major suppliers:

A. Name: _____
Address: _____ Telephone: _____
Contact: _____
B. Name: _____
Address: _____ Telephone: _____
Contact: _____
C. Name: _____
Address: _____ Telephone: _____
Contact: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE *(continued)*

List three contractors that you do business with:

A. Name: _____
Address: _____ Telephone: _____
Contact: _____
B. Name: _____
Address: _____ Telephone: _____
Contact: _____
C. Name: _____
Address: _____ Telephone: _____
Contact: _____



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Insurance Questionnaire

Agent/Broker: _____
Contact: _____
Phone: _____

A. Commercial General Liability

Rating of your current insurance carrier

Please furnish a copy of Certificate of Insurance and if appropriate, the Additional Insured Endorsement

B. Professional Liability Insurance (if applicable)

Insurance Carrier:

1. Office Policy Limit: \$ _____ Deductible: \$ _____
2. Project Specific Limit available: \$ _____ Extended Reporting Period (tail) _____ yrs.
Prior Acts: Yes _____ No _____

Safety Prequalification

1. Please list your Company's Workers' Compensation Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

EMR (Yr./Rate)	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: --Items in parenthesis come from your OSHA 300 Log (300a Log)

--Recordable Incidence Rate = $[(A+B+C) \times 200,000 / \text{Employee Hours Worked}]$

--Lost Workday Incidence Rate = $[(D) \times 200,000 / \text{Employee Hours Worked}]$

--Employee Hours Worked = total number of hours worked during the year by all employees

2. How many OSHA violation(s) has your Company received in the last three years?

(Yr. = # violations)

_____ = _____ = _____ = _____

4. Do you have a qualified person responsible for safety within your Company: ____ Yes ____ No

Please describe his/her qualifications: _____

5. Does this person do safety inspections on all of your projects: ____ Yes ____ No Frequency _____

6. Do you have a written Company Safety Policy and Program and will you provide copies if requested: ____ Yes ____ No



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7. Does your Company have a substance abuse policy: ☐ Yes ☐ No
If Yes, please check which are included in the policy:

Pre-hire/Initial Employment _____
Cause _____
Post Accident/Incident _____
Random _____
Periodic _____

8. Do you have a return to work/light duty program? ☐ Yes ☐ No

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Venture will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of Two Thousand and _____ ()

Name of Company: _____
Completed by: _____ (must be an officer of the Company)
Title: _____

_____ being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ Day of _____, 20____

Notary Public: _____
My commission Expires: _____