



Shook Subcontractor Prequalification Form

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Email info@shookconstruction.com with any questions.

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

Section 1 - Company Information

Company Name		Corporation	<input type="checkbox"/>
Mailing Address		Partnership	<input type="checkbox"/>
City, State, Zip		Individual	<input type="checkbox"/>
Street Address		Joint Venture	<input type="checkbox"/>
City, State, Zip		Other	
Principal Office		Dun & Brad #	
City, State, Zip		Fed. ID or SS #	
Phone		Union	<input type="checkbox"/>
Fax		Non-Union	<input type="checkbox"/>
Company Website		Manufacturer	<input type="checkbox"/>
Contact Name		Supplier	<input type="checkbox"/>
Contact Email/ Estimating Contact Email		Manufacturer's Rep	<input type="checkbox"/>
Project Name (if applicable)		Subcontractor	<input type="checkbox"/>

<input type="checkbox"/>	General Conditions	<input type="checkbox"/>	Thermal & Moisture Protections	<input type="checkbox"/>	Special Construction
<input type="checkbox"/>	Sitework	<input type="checkbox"/>	Doors & Windows	<input type="checkbox"/>	Conveying Systems
<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Finishes	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Specialties	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Metals	<input type="checkbox"/>	Equipment		
<input type="checkbox"/>	Woods & Plastics	<input type="checkbox"/>	Furnishings		

Safety & Risk Management	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Conditional	<input type="checkbox"/>	Not Approved	Reviewed by	Date
Comments:								
Contractor Qualifications	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Conditional	<input type="checkbox"/>	Not Approved	Reviewed by	Date
Comments:								



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Section 2 - Organization

1. How many years has your organization been in business?
2. How many years has your organization been in business under its present business name?
3. List any former names your organization has operated under:
4. Is your company a subsidiary or affiliate of another firm? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the parent company's name?</i>
5. If your organization is a corporation, including a limited liability corporation, answer the following: Date of Incorporation: State of Incorporation: CEO's Name: President's Name: Vice President's Name: Secretary's Name: Treasurer's Name:
6. If your organization is a partnership, including a limited liability partnership, answer the following: Date of Partnership: Type of Partnership (<i>if applicable</i>): Names of General Partners:
7. If your organization is individually owned, answer the following: Date of Organization: Name of Owner:
8. If the form of your organization is other than those listed above, describe it and the principals:
9. Is your firm currently certified as an: a. Ohio Employers: EDGE, Small Business, Minority, Woman, or Socially and Economically Disadvantaged business? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Non-Ohio Employers: Small Business, Minority, Woman, or Socially and Economically Disadvantaged business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach a copy of your certification letter.</i>



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Section 3 - Licensing

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.	
2. Indicate licenses, with license numbers, for which you are qualified to do business (i.e., electric license, state or county business license)	
License Type:	License Number:
License Type:	License Number:

Section 4 - Experience

1. Provide a detailed scope of work of specific categories that your organization normally performs (i.e., 09900- Painting).
2. Has your organization within the last five years ever failed to complete any work awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe.</i>
3. Are there any judgments, claims or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe.</i>
4. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe.</i>
5. Within the last five years, has an officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe.</i>



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6. **On a separate sheet**, list three major projects your organization has *in progress*. Provide the following information for **each** project:

- Project Name
- Owner
- Architect
- General Contractor
- GC Contact Name & Phone Number
- Contract Amount
- Percentage Complete (your scope)
- Percentage of Subcontracted Work
- Scheduled Completion Date

7. **On a separate sheet**, list three major projects your organization has *completed* in the last five years. Provide the following information for **each** project:

- Project Name
- Owner
- Architect
- General Contractor
- GC Contact Name & Phone Number
- Contract Amount
- Date of Completion
- Percentage of work performed with your own forces

8. Indicate the type of projects your company prefers (check all that apply):

Education Federal Government Industrial Healthcare Mission Critical

Residential Commercial Mixed Use Other Water Resources

9. In what geographic location you are willing to work:

10. Indicate the size project your company can perform:

<\$50K <\$100K \$100-500 \$500K-1MM >\$1MM

Section 5 - References

1. **On a separate sheet**, list four trade references. Provide the following information for **each** reference:

- Company Name
- Address
- Telephone Number
- Contact Name



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Section 6 - Safety & Loss Prevention

1. Do you have a written safety program?

Yes No

If yes, attach copy of the Table of Contents

2. Does your company employ a full-time safety officer?

Yes No

3. What is your North American Industrial Classification Number (NAICS)?

4. Please attach your OSHA 300 logs from the last three years and complete the following:

Occupational Injury & Illness History

Incident Rates

Year	Total Hours Worked	Fatalities	Lost Time	Job transfer/restriction	Total Recordable Cases	Lost Time	DART	TRIR

5. In the last three years, has your company received any OSHA citations classified as: serious, willful or repeat?

If yes, please list the OSHA Standard your company was cited under and if any monetary fines were paid.

Yes No

6. Drug Free Work Place Program

a) Do you have a Substance Abuse Program?

Yes No

If yes, does it include the following tests?

Pre-Employment

Yes No

Post-Accident / Incident

Yes No

Random – What percentage of the Work Force is tested?

Yes No

Fitness for Duty (“For Cause / Reasonable Suspicion”)

Yes No

b) Do you participate in the Ohio BWC Drug Free Safety Program?

Yes No

If yes, attach evidence that your current status is “Approved.”



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7. Please list your company's Experience Modification Rates (EMR) for the past 3 years and attach documentation from your insurance agent or carrier to support this information.

a) Year			
b) Ohio EMR			
c) Interstate EMR			

a) Provide a copy of your current Certificate of Insurance (General Liability, Auto Liability, Workers Compensation, Employer's Liability & Umbrella Excess Liability).

Agent's Name: _____ Phone #: _____

a) If required, will your General Liability and Umbrella / Excess insurance policies allow the Contractor and the Project Owner to be additional insured for operations?
 Yes No

b) If required, will your General Liability and Umbrella / Excess insurance policies allow the Contractor and the Project Owner to be additional insured for completed operations?
 Yes No

c) If required, will your General Liability and Umbrella / Excess insurance policies allow coverage on a primary and non-contributory basis as it respects all additional insureds?
 Yes No

d) Do your General Liability and Umbrella / Excess insurance policies contain an exclusion for damage to work performed on your behalf by a subcontractor (ISO Form CG 22 94 or similar endorsement)?
 Yes No

e) Do your General Liability and Umbrella/ Excess policies cover property damage and electronic data?
 Yes No

f) Are any of your aggregate limits of any of your insurance policies impaired by claims?
 Yes No

g) Do you have a professional liability insurance policy?
 Yes No
If yes, what are the limits of the policy? \$

h) Do you have an environmental or pollution liability insurance policy?
 Yes No
If yes, what are the limits of the policy? \$

