



# Subcontractor Prequalification Application

## Instructions

To be eligible to bid and contract work with AEgen, trade partners are required to be prequalified annually. Complete this form and email to john@aegenconstruction.com or mail to P.O. Box 1056, Jensen Beach, FL 34958 [Attn. John Evans]. Include supporting backup information as indicated on this form.

Responses to this application are strictly confidential.

Contact John Evans at john@aegenconstruction.com or 772-302-9529 with questions.

## Company Information

Legal Company Name: \_\_\_\_\_ Fictitious Name (d/b/a): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Website: \_\_\_\_\_

## Company Lead

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

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

## Work Classification

List scope(s) of work performed (leave extra lines blank)

Scope	Years Performing Scope	Performed by Own Forces
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

List license(s) held (leave extra lines blank)

Number	Type	Issuing Authority	Expiration Date
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____



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Is your company signatory to any unions?  No  Yes (if Yes, fill out affiliations below)

Union Name	Local No.	Location	Expiration Date
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

Detailed Company Information

Federal Tax ID: \_\_\_\_\_ Year established: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

Type of entity:  Corporation  Partnership  LLC  Other: \_\_\_\_\_

Previous company names your company has operated under (if applicable): \_\_\_\_\_

Years under present company name: \_\_\_\_\_

Company officers:

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

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

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

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

Geographic work areas: \_\_\_\_\_

Prior years volume for past three years: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
20\_\_\_\_ 20\_\_\_\_ 20\_\_\_\_

Avg. project size (\$/project): \$ \_\_\_\_\_ Largest project ever under contract: \$ \_\_\_\_\_

Contract range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Number of office employees: \_\_\_\_\_ Number of field employees: \_\_\_\_\_

Is company certified as any of the following? (if Yes, check below and provide copy of certification)

- SBE  DBE  Veteran Owned Small Business
- MBE  WBE  HUBZone  Other: \_\_\_\_\_

Bank Reference:

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Line of credit: \$ \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Provide current signed copy of company's Form W-9.



### Bonding Capacity

Is your company bondable:  No  Yes

Aggregate bonding capacity: \$ \_\_\_\_\_ Single job bonding capacity: \$ \_\_\_\_\_

Value of work currently bonded: \$ \_\_\_\_\_ Bonding rate & formula: \_\_\_\_\_

Agent Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Provide a letter from surety broker indicating company's aggregate and per-project bonding capacity, available bonding capacity, and current bond rate issued within the last 6 months.

### Insurance

Insurance Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

We have reviewed AEgen's insurance requirements and we fully meet them?  No  Yes

If you have checked NO, then list below Insurance Requirements you DO NOT MEET.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your company obtain insurance through a PEO (professional employer organization)?  No  Yes

Insurance Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Safety

Does your company have a full-time Safety Director/Manager whose sole responsibility is to manage the safety, health, and environmental risk factors of the employees?  No  Yes If Yes, provide contact info:

\_\_\_\_\_

Does your company have a written safety program that meets or exceeds OSHA requirements?  No  Yes

Are your employees trained in accordance with the requirements of your company's safety program and can you provide records of this training?  No  Yes



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Does your company have a formal documented safety orientation program for all new hire employees?  No  Yes

Does your company conduct and document safety inspections and communicate findings to the applicable employees and subcontractors?  No  Yes If Yes, how often: \_\_\_\_\_

Provide OSHA Form 300A for the past 3 years. If your company has been cited in the last 3 years, include a brief description of each citation, corrective action plan, and citation number.

Provide Experience Modification Rate verification current and for the past 2 years from insurance broker.

Safety Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal

Has company filed any lawsuits or requested arbitration or mediation regarding construction contracts within the last 3 years?  No  Yes

Are there any judgements, claims, arbitration proceedings, or suits pending or outstanding against company, its officers, or principals?  No  Yes

Has company failed to complete a contract?  No  Yes

Has company or any other organization its officers or owners were involved with in the past 3 years ever been in a bankruptcy or a voluntary or involuntary reorganization?  No  Yes

Has a complaint ever been filed with a State License Board against company?  No  Yes

If "Yes" to any of the above questions, write explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project/GC References

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

Type: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_/\_\_\_/\_\_\_

Scope(s) Performed: \_\_\_\_\_



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General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

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

Type: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_/\_\_/\_\_

Scope(s) Performed: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

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

Type: \_\_\_\_\_ Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_/\_\_/\_\_

Scope(s) Performed: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Supplier References

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

Discipline: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

Discipline: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

Discipline: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact for Questions Regarding this Application

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



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Office Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

### Signature - Information Release

AEgen Construction will review the information furnished; however, AEgen is relying upon your company to furnish truthful and accurate information. Accordingly, to the best of your company's knowledge as of the date of this prequalification submission, the information contained herein is truthful, accurate, and current. Your company further understands that by submitting this form, AEgen does not guarantee or promise any work to your company, nor should this be construed to be an offer of any work. The purpose of this submission is prequalification only.

My signature below authorizes any references including credit reporting agencies to furnish information requested by AEGEN, LLC.

By submitting this form you certify that the information presented herein is complete and factual.

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

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

### Subcontractor Comments

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### AEgen Comments

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