ESTACADO CONSTRUCTION

SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors must complete this form before bidding or performing work for Estacado Construction. Answer every item; enter "None" or "N/A" rather than leaving a field blank. Incomplete submissions may be disqualified. Information is used solely to evaluate your firm's qualifications.

Return to: Estacado Construction, 901 NE Loop 410, Suite 902, San Antonio, TX 78209 - Attn: Subcontractor Prequalification

Application Date	Prequalification Expires (Office Use)

REQUIRED ATTACHMENTS (check each item enclosed)

- ☐ IRS Form W-9
- ☐ OSHA 300A Summaries - last three years
- ☐ Written safety program (table of contents OK)
- ☐ MBE / WBE / DBE / HUB certificates (if claimed)
- ☐ Certificate of Insurance meeting Exhibit E
- ☐ EMR verification letter from WC carrier
- ☐ Applicable contractor / trade licenses
- ☐ Litigation listing (Section 6), if applicable

1. COMPANY INFORMATION

Legal Company Name		DBA / Previous Company Names	
Entity Type ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Prop.		Federal Tax ID (EIN)	D&B / DUNS #
Street Address		City / State / ZIP	
Main Phone	Website	Year Established	States / Regions Where You Work
Principal Contact (Name, Title)	Email		Mobile Phone
Trade(s) / Type of Work Performed		CSI Divisions Performed	% Self-Performed
Labor ☐ Union ☐ Non-Union	Union Local(s), if applicable	Contractor License # (State / Trade / Expiration)	

Certified Business Status (attach certificates)	Certifying Agency & Expiration
☐ MBE ☐ WBE ☐ DBE ☐ Texas HUB ☐ SBE ☐ Veteran-Owned ☐ None	

2. SAFETY

Enter figures from your OSHA 300 Logs / 300A Summaries for the last three complete calendar years.

Measure	Last Year (20__)	1st Prior Year (20__)	2nd Prior Year (20__)
Experience Modification Rate (EMR)			
Fatalities (Column G)			
Days-away-from-work cases (Column H)			
Job transfer / restriction cases (Column I)			
Other recordable cases (Column J)			
Total recordable cases (G + H + I + J)			
Total hours worked (all employees)			
TRIR = total recordables x 200,000 / hours worked			
DART = (H + I) x 200,000 / hours worked			

Safety Program	Yes	No
Written safety program	☐	☐
Drug & alcohol testing policy (pre-employment, random, post-incident)	☐	☐
Safety orientation for all new employees	☐	☐
Ongoing safety training (e.g., weekly toolbox talks)	☐	☐
Field supervisors hold OSHA 30; workers hold OSHA 10	☐	☐
Designated competent persons for applicable work (fall protection, excavation, scaffolds)	☐	☐
Site-specific safety plans prepared for each project	☐	☐
Any OSHA citations in the last three years? (attach details if Yes)	☐	☐

SAFETY / HEALTH PROFESSIONAL CONTACT

Name	Title	Phone	Email

3. WORKLOAD & CAPACITY

THREE LARGEST PROJECTS CURRENTLY UNDER CONSTRUCTION

Project Name	GC / Owner	Location	Start - Completion	Contract ($)	% Complete

PROJECTS UNDER CONSIDERATION FOR AWARD

Project Name	GC / Owner	Location	Est. Start - Completion	Contract ($)

Current Backlog as of Today ($)	Backlog as of Dec. 31 Last Year ($)	Largest Single Contract You'd Take On Now ($)	Preferred Project Size Range ($)

4. PERSONNEL

Current Number of Employees	Full-Time	Part-Time	Contract	Temp
Executives				
Project Managers				
Estimators				
Administrative				
Superintendents				
Foremen				
Journeymen				
Apprentices / Laborers				
Other				
Totals				

5. FINANCIAL HISTORY

Provide figures for your last three fiscal years.

Fiscal Year	Gross Revenue ($)	# of Projects Completed	Largest Single Project ($)
Last Year (FY 20__)			
1st Prior Year (FY 20__)			
2nd Prior Year (FY 20__)			

6. LEGAL HISTORY

Attach an explanation for any "Yes" answer.

Question	Yes	No
Are any judgments, claims, liens, arbitrations or lawsuits pending against your firm or its officers or principals?	☐	☐
Has your firm, or any firm its officers or principals owned, ever filed for bankruptcy?	☐	☐
Has your firm filed a lawsuit or requested arbitration or mediation on a construction contract in the last three years?	☐	☐
In the last three years, has your firm (or any firm its officers or partners were involved with) failed to complete awarded work or been terminated for cause?	☐	☐
Has a surety ever completed work or paid a claim on your firm's behalf?	☐	☐

LITIGATION / ARBITRATION OVER $10,000 IN THE LAST FIVE YEARS (including unresolved matters)

Year	Other Party	Project	Nature of Dispute	Amount ($)	Status / Outcome

7. INSURANCE & BONDING

Read Exhibit E in full. Does your company currently carry insurance that meets Estacado Construction's requirements? ☐ Yes ☐ No

Coverage	Carrier	Policy #	Limits ($)	Expiration
Commercial General Liability				
Automobile Liability				
Workers' Comp / Employer's Liability				
Umbrella / Excess Liability				
Other (pollution, professional, etc.)				

INSURANCE AGENT

Agency	Agent Name	Phone	Email

BONDING

Performance & Payment Bonds Available? ☐ Yes ☐ No	Surety Company	A.M. Best Rating

Bonding Capacity - Single Project ($)	Bonding Capacity - Aggregate ($)	Bond Rate (% or $ per $1,000)

Surety / Bond Agent Contact	Phone	Email

Last Bond Issued - Type	Date	Amount ($)

8. REFERENCES

Estacado Construction may contact the references below to verify the information provided.

CLIENT / GENERAL CONTRACTOR REFERENCES

Company	Contact Name	Phone	Email	Project & Year

FINANCIAL REFERENCES

Bank	Contact Name	Phone	Email

SUPPLIER REFERENCES

Supplier	Contact Name	Phone	Email

9. CERTIFICATION

I certify that the information in this form and its attachments is true, complete and not misleading. I authorize Estacado Construction to verify it with the references and agencies listed. Submitting this form does not create a commitment by Estacado Construction or a request to perform work.

Printed Name	Title	Signature	Date

FOR OFFICE USE ONLY

Review	Reviewer	Date	Result
Financial Review			☐ Approved ☐ Not Approved
Safety Review			☐ Approved ☐ Not Approved
Insurance Review			☐ Approved ☐ Not Approved
Prequalification Complete			☐ Yes ☐ No

Approved Single-Contract Limit ($)	Prequalification Expiration Date