



## SUBCONTRACTOR/VENDOR PREQUALIFICATION

Instructions: Please fill out all information requested and return via email to [info@gbfss.com](mailto:info@gbfss.com) or mail to: FSS, 5475 William Flynn Highway, Gibsonsia, PA 15044.  
Date of Response: \_\_

Company Name: _____			
Federal Identification No: _____			
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone: _____		Website: _____	
Contact Name: _____			
Contact Phone: _____		Contact Fax: _____	
Contact Email: _____			
Company Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub. S. Corp. <input type="checkbox"/> Joint Venture			
<input type="checkbox"/> Partnership <input type="checkbox"/> DBA <input type="checkbox"/> Individual			
If company is a subsidiary, list Parent Company Name: _____			
Year business was established: _____			
<b>BUSINESS TYPE</b>			
<i>Please fill-in the trade(s) that your Company is interested in bidding:</i>			
Total No. of Employees: _____	Office: _____	Field Supervisory: _____	Tradespeople: _____
Contractor's License No: _____	State: _____		Expiration: _____
Under what other names has your company operated? _____			
<b>FINANCIAL</b>			
Annual sales volume for the last three (3) years:			
Year 20	Sales \$	Year 20	Sales \$
Year 20	Sales \$	Year 20	Sales \$
Largest single contract awarded in the last three (3) years: \$ _____			
Current backlog: \$ _____			
<b>Please fill out and return attached W-9 form if you have not previously worked for Facility Support Services. PLEASE ATTACH LAST ONE (1) YEAR OF FINANCIAL STATEMENT (Include Balance Sheets, Income Statements and Opinion Letter from Accountant.</b>			
<b>BANKING</b>			
Bank Name: _____			
Bank Address: _____			
City: _____		State: _____	Zip: _____
Contact Name: _____		Contact Phone: _____	

BONDING		
Name of Surety:		
Contact Name:		Contact Phone:
Bonding Capacity:		
Per Job \$	Aggregate: \$	
Please list the persons or entities who provide indemnification to your Surety:		
<b>ATTACH A LETTER FROM YOUR SURETY STATING TOTAL AND PER PROJECT BONDING CAPACITY.</b>		
LEGAL		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
Does your Company have any outstanding judgments or claims against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
Has your company or any of its owners, officers or major stock holders been investigated for or charged with alleged labor law violations including alleged violations of the Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal state or local labor laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
SAFETY		
1. Please list your Company's Workers' Compensation Interstate/Intrastate 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.)		
<b>Interstate</b> Year/Rate:	Year/Rate:	Year/Rate:
<b>Intrastate</b> Year/Rate/State:	Year/Rate/State:	Year/Rate/State:
<i>Note: Subcontractor's must have a current EMR less than or equal to 1.0 to qualify for FSS's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has or will initiate programs, policies, and attitudes which will result in a safety conscious performance in order to be included on FSS's Approved Contractor List. In this case it is the sole discretion of FSS to approve or disapprove a SUBCONTRACTOR.</i>		
2. How many OSHA violation(s) has your Company received in the last three years?		
3. Any employee deaths in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if Yes, attach explanation)</i>	
4. Do you have a qualified person responsible for safety within your Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Does this person do safety inspections on all of your projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does your Company provide safety training for all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please attach copies of your company's OSHA 300A Summary of work-related injuries and illnesses for the past two calendar years.</b>		



**INSURANCE**

Name of Insurance Agent: \_\_\_\_\_

Contact Name: \_\_\_\_\_ | Contact Phone: \_\_\_\_\_

**ATTACH A COPY OF CERTIFICATE OF INSURANCE.**

**REFERENCES**

List three client or contractor references:

Company	Contact	Phone

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 FSS 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: \_\_\_\_\_

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

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: \_\_\_\_\_

**Required Attachments:**

- |  |   |
|--|---|
| <input type="checkbox"/> Financial Statement (1 year)<br>(Balance Sheets, Income Statements, Opinion Letter) | <input type="checkbox"/> W-9 Form                 |
| <input type="checkbox"/> OSHA Form 300A (2 years.)   | <input type="checkbox"/> Surety Letter            |
| <input type="checkbox"/> Certifications and/or Explanations  | <input type="checkbox"/> Certificate of Insurance |