

**HERMAN/STEWART  
CONSTRUCTION**

WE BUILD RELATIONSHIPS®

About the Subcontractor Pre-Qualification Form:

Herman/Stewart uses the information you provide on the Subcontractor Pre-Qualification Form to add your company to our subcontractor database, which is also our Bidder's List. Please fill out the form accurately and as completely as possible. Additional company information and/or contacts may be submitted on supplementary pages.



WE BUILD RELATIONSHIPS®

### Subcontractor Pre-Qualification Form

#### Your Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

#### Company Information

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suite / PO Box \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Website \_\_\_\_\_

Is the address above also your shipping address?  Yes *If not, please fill in your shipping address below:*

Street Address \_\_\_\_\_

Suite / PO Box \_\_\_\_\_

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

This address is: (check one)  Commercial  Residential

Federal ID # \_\_\_\_\_ Number of Employees \_\_\_\_\_

Dun & Bradstreet # \_\_\_\_\_ Annual Volume \_\_\_\_\_

Project Range \_\_\_\_\_ Min - \$ \_\_\_\_\_ Max - \$ \_\_\_\_\_

Union  Non-Union  MBE  WBE

Bondable  Yes  No  DBE  8(a)  SBE

If Yes, Bonding Capacity \_\_\_\_\_

#### Company Function (check all that apply)

Hotel/Multi-Unit  Retail  Restaurant

Subcontractor  Supplier  Other (If Other, please list below) \_\_\_\_\_

#### Licensing

Type	State	License Number
State Contractor License		
Other		

If no licenses are held, please list the reason: \_\_\_\_\_

#### Service Areas

List any specific cities, counties or states your company performs work in:

- All 50 States (USA)
- International

## Division / CSI Information

Which Division applies to your company? (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 2-000 Site Construction | <input type="checkbox"/> 7-000 Thermal & Moisture Prot. | <input type="checkbox"/> 12-000 Furnishings          |
| <input type="checkbox"/> 3-000 Concrete          | <input type="checkbox"/> 8-000 Doors and Windows        | <input type="checkbox"/> 13-000 Special Construction |
| <input type="checkbox"/> 4-000 Masonry           | <input type="checkbox"/> 9-000 Finishes                 | <input type="checkbox"/> 14-000 Conveying Systems    |
| <input type="checkbox"/> 5-000 Metals            | <input type="checkbox"/> 10-000 Specialties             | <input type="checkbox"/> 15-000 Mechanical           |
| <input type="checkbox"/> 6-000 Woods & Plastics  | <input type="checkbox"/> 11-000 Equipment               | <input type="checkbox"/> 16-000 Electrical           |

## Other Information

Does your company have a written safety program?  Yes  No

Has OSHA cited your company in the last 5 years? (If yes, explain on an attachment.)  Yes  No

Are you currently involved in any lawsuits related to work in progress or completed work?  
(If yes, explain on an attachment.)  Yes  No

Herman/Stewart's policy is to withhold 10% retention from all monthly progress payments.

Is there any reason you can not adjust to these terms? (please explain)  Yes  No

## References

Please list three (3) client references from the past three years.

Client Name	Phone #	Project Name/Description

Please list three (3) supplier references from the past three years.

Supplier Name	Phone #	Fax #

## Insurance

**Herman/Stewart Construction's minimum insurance requirements are listed on the our website.**

- ◆ All subcontractors working on Herman/Stewart's projects are required to provide copies of certificates of insurance as proof of coverage at the time of any award.
- ◆ Please review these attachments and forward them to your insurance company(s) for verification that the coverage required can be supplied and maintained.

Can your company comply with the attached insurance requirements?  Yes  No

If you cannot meet these insurance requirements, please explain here or attach a letter from your insurance company(s) explaining why:

## Signature

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

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

Signed By: (please print or type) \_\_\_\_\_

Title: (please print or type) \_\_\_\_\_

Date Signed: \_\_\_\_\_