

**Section 1: Organization Information**

Please provide your Federal tax I.D.

**COMPANY HEADQUARTERS INFORMATION:**

Company Name

Also Known As

Address

Suite

City

State

Zip

Type of Organization

Corporation

Partnership

Joint Venture

Contact

Phone

Fax

Email

Website

Indicate In What State(s) Your Company Conducts Work

**Section 2: General Information**

License Information (enter your company's contractor license information)

Authority

Class

License No.

Date Expires

# **NOVAK** CONSTRUCTION **Subcontractor Prequalification Questionnaire**

Minority Business Enterprise Status:

- HUBZone Small Business     Minority-owned Small Business Enterprise     Small Business
- Small Disadvantaged Business     Service Disabled Veteran-owned Small Business
- Veteran-owned Small Business     Women-owned Small Business
- Women-owned Business Enterprise     Other \_\_\_\_\_

Is Your Firm Signatory to Any Unions?     YES     NO

Trade Information

Certifying Agency Names

Union Affiliations

## **Section 3: Insurance Information**

Please review Novak Construction Company requirements. A Blanket Certificate of Insurance (COI) will cover all projects with (per contract terms) with Novak Construction.

Email: [prequal@novakconstruction.com](mailto:prequal@novakconstruction.com)

Insurance Broker Name

GL Expiration Date

 / 

We have received the attached Novak Insurance documents and we meet the requirements?

YES     NO

If you have checked NO, from the list below, please note which insurance requirement(s) you do NOT meet:

- GL Limits per occurrence are only \$1M with no Umbrella/Excess policy
- Aggregate limits do not apply separately per project
- Additional Insured Endorsement does not cover completed operations
- Mold Coverage in GL Policy or Separate Pollution Liability Coverage
- Additional Insured Endorsement does not include primary wording
- Other

Insurance Comments

**Section 4: Safety Information (OSHA Form 300A Must Be Attached)**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does your company have a written field-based safety program?          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is your company part of an OSHA partnership?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does your company use project-specific safety plans?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does your company have a substance abuse policy?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you hold site safety meetings?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does your company have a written safety manual?                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you conduct project-site safety inspections?                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Does your company have a full-time safety director/inspector/manager? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES, please provide contact information:

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<u>Year</u>	<u>Citations</u>	<u>EMR</u>	<u>RIR*</u>
2013	<input type="text"/>	<input type="text"/>	<input type="text"/>
2012	<input type="text"/>	<input type="text"/>	<input type="text"/>
2011	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Recordable Incident Rate – Add columns I & J from OSHA 300A Form

**Section 5: Surety Information**

Is your company bondable?  YES  NO

Surety Company

Broker Name

Phone	<input type="text"/>	\$ 0 - \$ 100K	<input type="text" value="0.00%"/>
Single Project Bonding Capacity	<input type="text"/>	\$ 100K - \$ 500K	<input type="text" value="0.00%"/>
		\$ 500K - \$ 1M	<input type="text" value="0.00%"/>
Aggregate Project Bonding Capacity	<input type="text"/>	\$ 1M - \$ 2M	<input type="text" value="0.00%"/>
		\$ 2M - \$ 5M	<input type="text" value="0.00%"/>
Current Amount Under Bond Today	<input type="text"/>		

**Section 6: Financial Information**

Financial Year Ending

Do you have a D&B Number?  YES  NO If Yes, Number

Year Company Founded

Fiscal Year End Date

Subsidiary Names

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CONSTRUCTION **Subcontractor Prequalification Questionnaire**

Subsidiary Names (cont'd)

Parent Organization

Has Your Company Ever Filed for Bankruptcy?  YES  NO If Yes, Year?

If Yes, Explain

Accounting Firm

Accountant

**PLEASE PROVIDE/ATTACH A CURRENT BALANCE SHEET.**

Provide Your Company Contact Name Who Can Discuss Financials:

Title/Position  Phone  Fax

Email

**Bank Reference(s)**

Bank

Contact Name  No. of Years Account Held

Phone  Email

Bank

Contact Name  No. of Years Account Held

Phone  Email

**Section 7: Litigation Information**

If Yes, enter brief description:

- Any current litigation with Owners or Contractors?  YES  NO
- Any judgments against your company in the last 5 years?  YES  NO
- Any Principals of your company in litigation?  YES  NO
- Any paid liquidated damages?  YES  NO
- Any labor law violations?  YES  NO
- Have you ever defaulted on a contract?  YES  NO
- Have you ever failed to complete a contract?  YES  NO
- Have you ever been terminated from a contract?  YES  NO
- Have you ever had your license revoked or suspended?  YES  NO

In the past 5 years, has your company or any employees been the subject of

**Section 8: Relevant Experience**

*List projects in the past 3 years that your company has performed the subcontract work. You are hereby giving permission for us to contact the parties involved in the relevant experience listed.*

(1) Project Name:

Scope of Work:

Reference/Contact:

Owner:

Contractor:

Location:

Date(s):

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(2) Project Name:

Scope of Work:

Reference/Contact:

Owner:

Contractor:

Location:

Date(s):

(3) Project Name:

Scope of Work:

Reference/Contact:

Owner:

Contractor:

Location:

Date(s):

(4) Project Name:

Scope of Work:

Reference/Contact:

Owner:

Contractor:

Location:

Date(s):

**Section 9: References Information**

Company Name  Contact Name

Address  Phone

City  State

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Company Name  Contact Name

Address  Phone

City  State  Zip

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Company Name  Contact Name

Address  Phone

City  State  Zip



**Section 10: Signature**

*The undersigned, on behalf of your company, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete.*

Signed By:

Title:

Date: