

NOVAK
CONSTRUCTION Subcontractor Prequalification Questionnaire

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



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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

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>
2021	<input type="text"/>	<input type="text"/>	<input type="text"/>
2020	<input type="text"/>	<input type="text"/>	<input type="text"/>
2019	<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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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

Company Name Contact Name

Address Phone

City State Zip

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: