



SORDONI CONSTRUCTION SERVICES, INC.

SUBCONTRACTOR PREQUALIFICATION FORM

SUBCONTRACTOR IDENTITY

Company Name _____

Complete Address _____

Phone Number _____ Fax number _____

Contact Name _____ E-mail address _____

Federal Tax ID # _____

Type of Company: Corporation Partnership Sole Proprietorship

Date formed _____ Number of Employees: Salaried _____ Hourly _____

Average work in place during last 5 years \$ _____ Work under contract \$ _____

Average project size in place last year \$ _____ Uncompleted backlog \$ _____

Size of projects preferred \$ _____ Project location preferred _____

Does the company have offices, plants or warehouses at other locations? Yes No

If yes, list addresses. _____

TRADE(S) OF WORK _____

Union Affiliation _____

BONDING CAPACITY

Are you able to bond projects? Yes No Bonding Rate _____% NAIC# _____

Single project limit _____ Aggregate limit _____

Bonding Company/Address _____

Agent Name/Phone # _____

INSURANCE INFORMATION

Workers' Compensation Experience Modifier:

Current Experience Modifier: _____% Effective Date: _____

(month and year)

You are required to verify your current workers' compensation experience modifier. If your experience modifier is .90 or higher, you may be asked to provide a copy of additional information for up to the past four years.

General Liability Limits: \$ _____ per occurrence \$ _____ aggregate Umbrella \$ _____

Insurance Company/Address _____

Agent Name/ Phone # _____

BANK REFERENCE Does the company have a line of credit from any lending institution? Yes No

Amt. of Credit Outstanding Balance Lender's Name/Address Lending Officer's Name/Phone #

MBE/WBE/SBE/DBE/DVBE CERTIFICATION

Is the company certified? MBE WBE SBE DBE DVBE

Certifying Agency(s) _____

SORDONI CONSTRUCTION SERVICES, INC.
SUBCONTRACTOR PREQUALIFICATION FORM
Page 2 of 3

COMPLETED PROJECTS List four (4) representative projects completed in the last five (5) years.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount	Completion Date

CURRENT PROJECTS List four (4) representative projects currently under construction.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount	% Completed

TRADE REFERENCES List three (3) of your subcontractors or suppliers.

Company Name	Address	Phone Number	Contact Name

CLIENT REFERENCES List three (3) clients.

Company Name	Address	Phone Number	Contact Name

COMPANY'S COMMITMENT TO MITIGATING THE ENVIRONMENTAL IMPACTS OF CONSTRUCTION

Does the company...

- have an environmental mission statement and/or policy? If so, please provide a copy. Yes No
- have a waste reduction and recycling program? If so, please provide a copy. Yes No
- educate employees and vendors about this program? Yes No
- participate in the salvage and/or reuse of waste materials? Yes No
If so, please provide information on types, quantities and destination(s).
- utilize recycled content construction materials? Yes No
If so, please provide information on types and quantities.

OTHER INFORMATION In the past five years, has the company...

- operated under any other name? Yes No
- had any liens filed against it by any of its subcontractors or suppliers? Yes No
- ever failed to complete a contract, been defaulted, or had a contract terminated? Yes No
- had liquidated damages assessed against it upon completion of a project? Yes No
- or any of its key people been a party to a bankruptcy or reorganization proceeding? Yes No
- or any of its key people been involved in any lawsuit arising from a project? Yes No
- or any of its key people been investigated for or found to have committed a violation of any labor laws? Yes No
- or any of its key people been investigated for or found to have committed a serious OSHA violation (you can research this at <http://www.osha.gov/oshstats/>)? Yes No

SORDONI CONSTRUCTION SERVICES, INC.
SUBCONTRACTOR PREQUALIFICATION FORM
Page 3 of 3

- or any of its key people been investigated for or found to have committed a violation of state, federal, or local laws? Yes No

Give details for any yes answer. (Use separate sheet if need.) _____

Signature _____
Print Name _____
Title _____
Date _____
Contractor's License No. _____

Return this completed form to:
Dino Galli
Sordoni Construction Services, Inc.
45 Owen Street
Forty Fort, PA 18704