

# SUBCONTRACTOR PREQUALIFICATION

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## Your Company

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DBA: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Vendor No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Contractors License No. \_\_\_\_\_ State Licensed: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ \*Estimated Contract Amount \_\_\_\_\_  
Project(s) you will be working on: \_\_\_\_\_ Project Manager: \_\_\_\_\_  
Scope of work your company will perform: \_\_\_\_\_

## Diversity Certification

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Small Business Enterprise (SBE)  Women Owned Business (WBE)  Minority Owned Business (MBE)  
 Disabled Veteran Business (DVBE)  Veteran Owned Small Business (VOSBE)  Other \_\_\_\_\_

## Insurance

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
GL Limits: \_\_\_\_\_ Additional Insurance: \_\_\_\_\_

## Safety

Highest ranking Safety/Health Professional in the Company

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

List applicable EHS Certifications here and attach to this application: \_\_\_\_\_

Does your company have a written Field-based Safety Program?  Yes  No  
Does your company have a Substance Abuse Policy?  Yes  No  
Does your company do Background Screening Program?  Yes  No  
Does your hold and document Health & Safety Meetings? If yes, how often? \_\_\_\_\_  Yes  No  
Do you conduct project site Safety Inspections & Program Audits? If yes, how often? \_\_\_\_\_  Yes  No  
Do you have personnel trained to perform First Aid and CPR?  Yes  No  
Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations  
In the in last 3 years?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YEAR	Experience Modification Rate (EMR) Last 3 years required*
20____	
20____	
20____	

**An Experience Modification Rate history letter is required with this application.**

*\*If EMR is 1.25 or greater, please include Letter of Explanation and Safety Program/Procedures/Policy improvements.*

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## Surety

Surety Company: \_\_\_\_\_ Is your Company Bondable?  Yes  No

Broker Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Single Project Bonding Capacity: \_\_\_\_\_ Aggregate Project Bonding Capacity: \_\_\_\_\_

**Bonding Rate\*:** \_\_\_\_\_

Current Amount Under Bond Today: \_\_\_\_\_

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## References

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

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## Project History

New Subcontractors, please list last 2 completed projects. Existing Subs, please list last 2 SOLV Projects.

Project Name: \_\_\_\_\_ Project Number (if known): \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Finish Date: \_\_\_\_\_

Approximate Contract Amount: \_\_\_\_\_ Project Location: \_\_\_\_\_

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## Required Attachments to be submitted with application.

- OSHA Forms 300 & 300A (prior 3 years)
- Experience Modification Rate History Letter (prior 3 years)
- Letter of Explanation and Safety Program/Procedures/Policy improvements if EMR greater than 1.25
- Copy of Substance Abuse Policy
- EHS Certifications for Highest ranking Safety/Health Professional in the Company
- Evidence of Insurance

## Additional Requirements for higher limits

- \*A Bond Rate is required for Prequalification limits above \$1M per project.
  - Financials (audited) are required for Prequalification limits above \$1,999,999 per project.
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Please email your completed application and required documents to  
[prequalification@solvenergy.com](mailto:prequalification@solvenergy.com)