



## Prequalification Application

### Your Company

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Vendor No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_  
 License No. \_\_\_\_\_ State Licensed \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ \*Estimated Contract Amount \_\_\_\_\_

### Diversity Certification

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: \_\_\_\_\_  
 Comments: \_\_\_\_\_

### Safety

Highest ranking Safety/Health Professional in the Company:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 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 Health & Safety Meetings?  Yes  No
- Are the Health & Safety Meetings documented?  Yes  No
- Do you conduct project site Safety Inspections and Program Audits?  Yes  No
- Do you have personnel trained to perform First Aid and CPR?  Yes  No

**Please attach copies of last 3 years of OSHA logs, copy of Field-based Safety Program and Substance Abuse Policy to this application.**

### OSHA

YEAR	EMR	RIR	LTIR	IR	FWH	ANE	FATALITIES
2022							
2021							
2020							



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

Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations the in last 3 years?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

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

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

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

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

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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

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

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

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

**Please email your completed application and documents to [prequalification@solvenergy.com](mailto:prequalification@solvenergy.com)**