



# THOMPSON THRIFT

## SUB-CONTRACTOR/SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

PLEASE SUBMIT FORM BY EMAIL OR FAX TO: Joanne Gallant  
jgallant@thompsonthrift.com  
Fax: 812.235.8122

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

### 1. ORGANIZATION

1.1 How many years has your organization been in business as a Contractor? \_\_\_\_\_ Years

Date of Organization/Incorporation: \_\_\_\_\_

1.2 How many years has your organization been in business under its present business name? \_\_\_\_\_ Years

1.3 Has your organization operated under any other name(s)? (If yes, please explain)

No

Yes: \_\_\_\_\_  
\_\_\_\_\_

1.4 How are you organized?

Corporation  Partnership  Sole Proprietorship

Other (explain) \_\_\_\_\_  
\_\_\_\_\_

1.5 If Corporation, State incorporated in: \_\_\_\_\_

1.6 List Officers/Partners/Owners

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

**2. LICENSES**

2.1 List licenses and registrations held by your organization:

Type of License: _____	Type of License: _____
State: _____	State: _____
Number: _____	Number: _____
Type of License: _____	Type of License: _____
State: _____	State: _____
Number: _____	Number: _____

**3. EXPERIENCE**

3.1 List the categories of work that your organization normally performs with its own forces.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.2 Do you employ union trade labor?

Yes     No

3.3 Claims and Suits (If the answer to any of the questions below is Yes, **please attach details.**)

3.3.1 Has your organization ever failed to complete any work awarded to it?

Yes     No

3.3.2 Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

Yes     No

3.3.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

Yes     No

3.4 Within the last five years, has any Officer or Principal of your organization ever been an Officer or Principal of another organization when it failed to complete a construction contract? (If the answer is Yes, **please attach details.**)

Yes     No



3.5 On a separate sheet of paper, please list major construction projects your organization has contracted during the past 5 years, giving the name of project, Owner, Architect, contract amount, date of completion (or percent complete and scheduled completion date for work in progress) and percentage of the cost of the work performed with your own forces.

3.5.1 Total value of work in progress: \_\_\_\_\_ Dollars

3.5.2 Total value of work under contract: \_\_\_\_\_ Dollars

3.5.3 Average annual amount of construction work performed during the past five years:  
\_\_\_\_\_ Dollars per Year

3.6 List key individuals of your organization:

Name: _____	Name: _____
Title: _____	Title: _____
Yrs. Experience: _____	Yrs. Experience: _____
Name: _____	Name: _____
Title: _____	Title: _____
Yrs. Experience: _____	Yrs. Experience: _____
Name: _____	Name: _____
Title: _____	Title: _____
Yrs. Experience: _____	Yrs. Experience: _____

#### 4. REFERENCES

4.1 Trade References (3):

#1 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#3 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



**4.2 Bank Reference:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**4.3 Surety (Insurance):**

Name of Surety: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**5. FINANCIAL**

5.1 Do you provide data to Dun & Bradstreet?

Yes  No DUNS # \_\_\_\_\_

5.2 If you do not provide data to D&B, please attach a Financial Statement, preferably audited, including your organization's latest balance sheet and income statement.

5.3 Is the attached financial statement for the identical organization named on page one? If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary.)

Yes  No

5.4 Will the organization whose financial statement is attached act as guarantor of the contract for construction?

Yes  No

**6. SAFETY**

6.1 Do you have a written Safety Program?

Yes  No

6.2 How many direct-hired employees (Office and Field) do you have? \_\_\_\_\_

6.3 What is your OSHA recordable rate for the past three years?

(20\_\_\_\_) (20\_\_\_\_) (20\_\_\_\_)

6.4 What is your lost time experience rate for the past three years?

(20\_\_\_\_) (20\_\_\_\_) (20\_\_\_\_)

6.5 What is your Experience Modification Ratio (EMR) for the past three years?

(20\_\_\_\_) (20\_\_\_\_) (20\_\_\_\_)



6.6 Do you have full time safety personnel?

- Yes       No

6.7 What is your policy for placing safety personnel on a job site?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.8 What safety training do you provide your employees?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.9 Who is your Safety contact? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: Please provide with this form a signed copy of your OSHA 300A Log for each year indicated above (signed by an Officer of the Company) and a letter from your Workers' Compensation Insurance carrier validating your EMR rates.**

**7. BUSINESS SIZE AND CLASSIFICATION**

Is your organization certified by the Small Business Administration (SBA) or any other federal, state or local government agency in any of the following categories? Please mark all that apply.

Small Business

- Yes       No       SBA       Other Agency

Small Disadvantaged Business

- Yes       No       SBA       Other Agency

Woman Owned Small Business

- Yes       No       SBA       Other Agency

HUB Zone Business

- Yes       No       SBA       Other Agency

Historically Black College/University/Minority Institution

- Yes       No       SBA       Other Agency

Veteran Owned Small Business

- Yes       No       SBA       Other Agency

Service Disabled Veteran Owned Small Business

- Yes       No       SBA       Other Agency

Other Category \_\_\_\_\_



The undersigned warrants and represents that all statements are true and correct and hereby authorizes verification of the information through all available means including, but not limited to, obtaining a consumer credit report on existing businesses, Owner/Officers and other reports as maintained by the City, County, State and Federal Law Enforcement Agencies. Applicant agrees to furnish additional credit references upon request and/or supplementary proof of financial responsibility. Further, Applicant understands that this is a Pre-Qualification Questionnaire and does not constitute an awarding of a job in whole or in part.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE FILL OUT THIS QUESTIONNAIRE IN ITS ENTIRETY & SUBMIT.\***

