



# J&J CONTRACTORS, INC.

## Subcontractor Prequalification Questionnaire

Please mail, email or fax your completed form to:

J&J Contractors, Inc.  
Attn: Subcontractor Prequalification  
101 Billerica Ave. Bldg 5 Suite 205  
North Billerica, MA 01862

Tel: (978) 452-9898  
Fax: (978) 452-3796  
Email: [kamp@jjcontractor.com](mailto:kamp@jjcontractor.com)

Contact Person for Clarification:

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Response \_\_\_\_\_

### COMPANY INFORMATION

#### CONTACT INFORMATION

Firm Name

Telephone No.

Fax No.

Email

Street Address

City

State

Zip Code

Web Address

Principal(s)

Phone

Email

CFO

Phone

Email

Lead Estimator

Phone

Email

Under current management since (Date)

#### ESTIMATING CONTACT (for Bid Invitations)

Name

Title

Email Address

#### FORM OF BUSINESS

Check one:  Sole Owner  Partnership  Corporation  LLC

State of Registration

Date of Registration

Years in Business

Other name(s) your company has operated under

#### PARENT COMPANY INFORMATION

Parent Company Name

Telephone No.

Street Address

City

State

Zip Code



**PERSONNEL AND MANAGEMENT APPROACH**

NUMBER OF PERMANENT COMPANY PERSONNEL INCLUDING:

Administration:	Field Supervision:	Engineering & Design:
Normal Field Construction Workers (per week):		Others:

**KEY PERSONNEL (CONSTRUCTION, ESTIMATING, SAFETY, ACCOUNTING)**

1. Name:	Position:
Years with Company:	Total Years of Relevant Experience:
Construction Experience:	

2. Name:	Position:
Years with Company:	Total Years of Relevant Experience:
Construction Experience:	

3. Name:	Position:
Years with Company:	Total Years of Relevant Experience:
Construction Experience:	

4. Name:	Position:
Years with Company:	Total Years of Relevant Experience:
Construction Experience:	

**DIVERSITY STATUS INFORMATION**

Please indicate your company's diversity status (if applicable)	MBE	WBE	SBE	LGBTBE	DOBE
If so, where is your company registered? (City, State)	VBE	HubZone	SDB	VOSB	SDVOSB

**AFFIRMATIVE ACTION**

Does your company have an Affirmative Action Plan?  Yes  No

Does your company include training/orientation on sexual harassment in the workplace?  Yes  No

If Yes, briefly explain:

**UNION AFFILIATIONS**

List any labor organizations which your company may have an agreement with:

Local Number	Union Name	Agreement Expiration



**BIM**

Does your firm model its system in three-dimensions in order to minimize potential construction conflicts and/or assist in the prefabrication process?  Yes  No

**TYPE OF WORK PERFORMED (TRADES)**

Indicate types of work performed through direct hire and types subcontracted.

Types of work (Trade)	% Direct Hire	% Subcontract
A.		
B.		
C.		
D.		

**RELEVANT EXPERIENCE / REFERENCES**

List three (3) current contracts:

<b>1. Client Name</b>		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
<b>2. Client Name</b>		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
<b>3. Client Name</b>		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed

List the three (3) most recently completed contracts

<b>1. Client Name</b>		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
<b>2. Client Name</b>		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed
<b>3. Client Name</b>		Address	
Contact Person		Phone No.	
Type of Contract	Type of Work	% Volume	Date Completed

**GEOGRAPHIC AREA**

List the geographic areas in which you work:

**COMPETITIVE MARKET**

Indicate the size of project in which you are most competitive (enter 1). Show in preference order (i.e., 2,3,4...) other size projects you are capable of performing:

- Under \$100,000   
  \$100,000 - \$200,000   
  \$200,000 - \$500,000   
  \$500,000 - \$1 Million  
 \$1 - \$3 Million   
  \$3 - \$6 Million   
  \$6 - 9 Million   
  \$9 - 15 Million   
  Over \$15 Million



COMPETITIVE MARKET (continued)

Check all building types on which your company has worked: Other: \_\_\_\_\_

- Checkboxes for building types: K-12, Higher Education, Government, Hospitals, Federal, Athletic Facilities, Industrial Buildings, Laboratories, Housing (Dorms), Design Build

What is the largest contract your company has completed?

Amount: \$ Year Completed Project Name: Scope of work:

What is the largest dollar volume job you expect to do during this year? What is the smallest dollar volume job you expect to do this year? Amount: \$ Project Name: Scope of Work:

What is your expected annual volume this year:

Amount: \$ No. of Projects:

FINANCIAL INFORMATION

ANNUAL DOLLAR VOLUME FOR THE PAST 3 YEARS

20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_

LARGEST JOB DURING:

The last 3 years \$ \_\_\_\_\_

TOTAL WORK IN PROGRESS

(ie Current Work Load) \$ \_\_\_\_\_ (Attach List of Current Work)

BANK REFERENCES

Bank Name Address

Contact Person Phone No.

Amount of Bank Line Credit \$ \_\_\_\_\_ Secured Yes No

FINANCIAL STATEMENT

Include your company's latest balance sheet.

SURETY AND INSURANCE

BONDING REFERENCES

Name Address

Contact Person Phone No.

Total Bonding Capacity \$ \_\_\_\_\_ Maximum Single Project Bonding Capacity \$ \_\_\_\_\_

A.M. Best Rating of Bonding Company \$ \_\_\_\_\_ U.S. Treasury Limit of Bonding Company \$ \_\_\_\_\_



**SURETY AND INSURANCE** (continued)

INSURANCE

List types of insurance carried in addition to that required by laws and state limits.

**Limits:**

Work Compensation:

Errors & Omissions:

Automobile Liability:

Pollution Prevention:

General Liability:

Excess Umbrella Liability:

Insurance Carrier:

**SAFETY POLICIES AND PROCEDURES**

Do you have a documented safety policy and program?  Yes  No (Attach a copy of the Safety Program)

Do you have a Safety Officer/Department in your company?  Yes  No

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you employ full time Safety Supervisor on all job sites?  Yes  No

Do you have a Personal Protective Equipment (PPE) Policy or Program?  
(i.e.: mandatory hard hats, gloves, safety glasses, etc.)  Yes  No

If yes, what does it cover?

Does your Safety Program address all OSHA Standards as they apply to Contractors, (i.e. Hazardous Communication (29 CFR/1910.1200/Standard 1926.59) and Respiratory Protection (29 CFR 1910.134/Standard 1926.103) and all of the requirements associated with these Standards?  Yes  No

Does your company have a Substance Abuse Program designed to provide a drug free workplace? (Attach a copy of policy)  Yes  No

Pre-employment screening?  Yes  No

Random testing?  Yes  No

For Cause testing?  Yes  No

Comment on any areas of your company's Safety Program and policies that may be appropriate for our evaluation.

SAFETY TRAINING

Do you require on-site Supervisor/Foreman to have completed the OSHA 30-hour Training Course?  Yes  No

What type of safety orientation do you provide for new hires?  
 Film  Slides  Handbook  Verbal  Other

Topics included in Orientation:

Is on-site supervision trained in?  First Aid  CPR

Are jobsite safety meetings required?  Yes  No Frequency: \_\_\_\_\_

Are weekly toolbox safety meetings required?  Yes  No Frequency: \_\_\_\_\_

Are regular safety/housekeeping audits conducted?  Yes  No Frequency: \_\_\_\_\_

SAFETY AUDITING AND INCIDENT INVESTIGATION

Do you have procedures for accident investigations?  Yes  No

Does senior management participate in accident investigations?  Yes  No

Do you require your subcontractors to meet the same safety standard?  Yes  No

What level of management in your company receives field safety reports?



**SAFETY POLICIES AND PROCEDURES (continued)**

**SAFETY PERFORMANCE HISTORY**

Workers Compensation Experience Modification Rate (as shown on Workers Compensation Insurance Policy) for the three (3) most recent years as follows:  
20\_\_ EMR: \_\_\_\_\_ 20\_\_ EMR: \_\_\_\_\_ 20\_\_ EMR: \_\_\_\_\_

Utilizing the OSHA No. 300 log for the last three years, the number of injuries and illnesses were recorded as follows  
20\_\_ 20\_\_ 20\_\_

A.	Number of hours employees worked the year		
B.	Number of restricted workday cases only (extracted from Column L of OSHA log and not to include cases involving days away from work)		
C.	Number of cases involving lost work days (Column K OSHA 300 log)		
D.	Number of cases defined as recordable but without lost workdays. (Column J of OSHA 300 log)		
E.	Number of fatalities (if yes, attach full explanation)		
F.	Total number of cases for B, C D and E (not workdays)		
G.	Recordable rate (injury x 200,000/man hours worked)		
H.	Lost workday rate (rate x 200,000/man hours worked)		

**LEGAL ISSUES**

Have you or your owners/principals ever been involved in bankruptcy or reorganization proceedings?  Yes  No

Are there judgments, claims or suits pending or outstanding against your company or Principals?  Yes  No

Have you ever received notices of environment, health or safety violations from Regulatory agencies?  Yes  No

Within the last five (5) years, have you failed to complete a contract?  Yes  No

If yes, please explain.

**SIGNATURE OF COMPANY OFFICER**

Signature	Title	Date
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All information will be treated confidentially.