



Sweetwater Construction Corp.
Pre-Qualification Form - Subcontractor

Please return this form to Attn: Dave Johnson djohnson@sweetwatercorp.com or fax to 609-655-0266 or mail to 32 N. Main St., Cranbury, NJ 08512.

Company: \_\_\_\_\_ Owner Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Listed Trade(s): \_\_\_\_\_

Type of Work Experience:

- Commercial Buildings (new)
Tenant Improvements
Hotels
Senior Care
Laboratories
Clean Rooms
Healthcare / Veterinary Care
Residential
Retail
Other: \_\_\_\_\_

Avg # of Employees \_\_\_\_\_ # of Field Workers \_\_\_\_\_ # of Estimators \_\_\_\_\_ # of Project Managers \_\_\_\_\_

Additional Company contacts:

Estimator: \_\_\_\_\_ Email \_\_\_\_\_
Insurance: \_\_\_\_\_ Email \_\_\_\_\_
Other: \_\_\_\_\_ Email \_\_\_\_\_

- Labor Classification: Union \_\_\_ Open Shop \_\_\_ Both \_\_\_
MWBE or other Certified? Yes \_\_\_ No \_\_\_ (if yes, attach certificate)
Bonding Available? Yes \_\_\_ No \_\_\_ Bonding Agent \_\_\_\_\_ Phone # \_\_\_\_\_
Insurance Agent Name \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_
(Approximate Annual Volume previous 3 years: \_\_\_\_\_ Projected current year: \_\_\_\_\_
Last 3 years EMR Rating: Year: \_\_\_\_\_ Rating: \_\_\_\_\_ Year: \_\_\_\_\_ Rating: \_\_\_\_\_ Year: \_\_\_\_\_ Rating: \_\_\_\_\_
Any OSHA citations in past 3 years? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_
Any fatalities in past 3 years? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_
Claim and Litigation History (last 2 years - please attach)



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<b>OSHA 300/300A INFORMATION</b>			
<b>In the last three (3) calendar years:</b>	<b>20</b>	<b>20</b>	<b>20</b>
How many man-hours did your employees work?			
How many recordable accidents did your firm have?			
How many restricted (light duty) workday <u>cases</u> did your firm have?			
How many lost day <u>cases</u> did your firm have?			
Total number days away from work for lost day <u>cases</u>			
What was your firm's incident rate for recordable <u>accidents</u> ? <small>(OSHA recordable accidents x 200,000 / man-hours worked)</small>			
What was your firm's incident rate for time loss <u>claims</u> ? <small>(Lost workday incidents x 200,000 / man-hours worked)</small>			

Does your company have a written Safety Program? Yes \_\_\_ No \_\_\_ (must be available for review upon request)  
 Does your company have a return to work / light duty program? Yes \_\_\_ No \_\_\_  
 Does your company have a written substance abuse / testing policy? Yes \_\_\_ No \_\_\_

Check if you a current contractor member of ISNetworld \_\_\_ PICS \_\_\_ or currently prequalified with any major clients.  
 (names) \_\_\_\_\_

List 6 of the largest projects you have worked on in the last 3 years: (project name, client name, completion date and contract size)

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Owner / General Contractor References

COMPANY NAME	CONTACT	PHONE	EMAIL

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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