



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: _____
(Approach current certificate copy with coverages and policy limits)
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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OSHA 300/300A INFORMATION			
In the last three (3) calendar years:	20	20	20
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 ISNetworkd ___ Avetta ___ 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)

Client / Owner / General Contractor References

COMPANY NAME	CONTACT	PHONE	EMAIL

Signed: _____ Date: _____

Print Name: _____