



Please complete the form below and email (form and all attachments) to the project manager or fax to 847-724-1249. **If all information is not provided and all attachments are not submitted – this will significantly delay approval or your prequalification could be rejected.** Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner or due to the type of work to be performed.

Date PreQual completed: ____/____/____

Has your company submitted a bid to Z3 within the last 30 days? Yes No

GENERAL COMPANY INFORMATION	
Company's Legal Name	
Mailing Address	
Street Address	
Phone	Fax:
Website	
Estimating Contact	Title:
E-Mail Address	Year Company Founded:
Type of Company	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other
Are there any affiliated subsidiaries?	Yes No
If yes, please name them	
Is your firm owned or controlled by another organization?	Yes No
If yes, please enter name of parent organization	
State Sales Tax Registration No.	
State Unemployment Insurance No.	
Union	Yes No
Total number of current number of employees	
How many employees?	Office Personnel Field Supervisors Average Field Labor
Minority Business Enterprise Status:	MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE SBE Certifying Agency: <i>Please attach copies of all certifications regarding your MBE status</i>
Preferred Project Size	\$10k - \$250k <input type="checkbox"/> \$251k - \$500k <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M 5M+
List the geographical areas in which you work:	
List the trades you normally perform with your own forces:	
What percentage of the Company's work is normally subcontracted?	%



CONTRACTOR'S LICENSE(S) STATES AND NUMBERS (ATTACH COPY)

State:	License No.:
State:	License No.:
State:	License No.:
State:	License No.:

COMPANY'S PRINCIPALS

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

SURETY INFORMATION

Current Surety Company		
Broker Agent Name		Phone No.:
Bond Rates <i>(please enter bond rates for...)</i>	<u>Volume</u>	<u>Bond % Rate</u>
	\$100,000 -	
	\$500,000 -	
	\$1M -	
	\$2M -	
	\$5M -	
Single Project Bonding Capacity	\$	
Aggregate Bonding Capacity	\$	

SAFETY INFORMATION

Company Safety Professional:	
Title:	
Telephone:	
Email:	
Total # of full time employees:	Total # of part time employees:



If yes, who receives copies of the report?		
Do you have a follow-up system to track items identified during safety inspections?	YES	<input type="checkbox"/> NO
SAFETY TRAINING AND ORIENTATION		
Do you have a documented pre-job or new employee occupational safety & health orientation program?	YES	<input type="checkbox"/> NO
Do you have a documented occupational safety & health training program for newly hired or promoted first line supervisors or foremen?	YES	<input type="checkbox"/> NO
Who conducts training (name, title)?		
Please check all elements below that are delivered by your training program		
Subject	Yes	No
Injury/Incident/Near-Miss		
Emergency Procedures		
First Aid Procedures		
Hazard recognition		
Incident Reporting		
Job Hazard Analysis		
Respiratory Protection		
Safety Tailgates		
Other-Specify		
Does your company hold regularly scheduled safety meetings for employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, How often		
DRUG FREE WORKPLACE		
Does your company have a Drug Free Workplace Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does this program include the following testing?		
Pre-Employment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Random	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Post Incident	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reasonable suspicion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
INJURY/INCIDENT INVESTIGATION		
Does your company conduct injury, incidents, and near-miss investigations?	YES	<input type="checkbox"/> NO
Who conducts the investigations (name, title)		



LITIGATION INFORMATION

Any active litigation with Owners/ General Contractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	

In the past five (5) years has your company been involved with any of the following:

Any judgments against you in the last three years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Has your company ever been assessed liquidated damages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Any labor law violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Have you ever defaulted or failed to complete a contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Have you ever been terminated from a contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	
Have you ever had your license revoked or suspended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain	



SIGNIFICANT PROJECT HISTORY ATTACH SEPARATE SHEET

Please attach a list of 5 significant projects within the last 3 years to include volume, scope of work and contract amount and your project list for the last 12 months. (Attach a separate sheet)

INSURANCE INFORMATION – ATTACH COPY OF INSURANCE CERTIFICATE

Insurance Broker Name:

Please review the attached sample Certificate of Insurance and Additional Insured Endorsement to verify whether or not you meet the Z3 Solutions, LLC insurance requirements.

We have reviewed the attached documents and we fully meet Z3 Solutions, LLC insurance requirements.

Yes No

If you checked NO, please indicate from the list below which Z3 Solutions, LLC insurance requirements you do NOT meet:

- CGL limits of \$2M per project aggregate
- \$1M umbrella / excess policy
- Business auto policy limits \$1M CSL
- 30 days notice of cancellation
- Evidence of Worker’s Compensation
- Additional insured endorsement
- Other:
-
-

ADDITIONAL INFORMATION (OPTIONAL)

Please provide additional information or documentation that you feel would be important for us to review during our prequalification process:



Please list three (3) customer references and three (3) credit references

CUSTOMER REFERENCES

Company Name:		
Contact Name :		Title/Position:
Phone Number:		Email:
Company Name:		
Contact Name :		Title/Position:
Phone Number:		Email:
Company Name:		
Contact Name :		Title/Position:
Phone Number:		Email:

CREDIT REFERENCES

Company Name:		
Contact Name :		Title/Position:
Phone Number:		Email:
Company Name:		
Contact Name :		Title/Position:
Phone Number:		Email:
Company Name:		
Contact Name :		Title/Position:
Phone Number:		Email:



KEY FINANCIAL INFORMATION	
Current Year Revenues	:
Total Assets	:
Current Assets	:
Current Liabilities	:
Total Liabilities	:
Net Equity	:
Current Backlog	:
Average Monthly Billings	:
Has your firm filed Bankruptcy?	YES NO
If yes, please explain	
Do you have a D&B number?	YES NO
If yes, please list your number	
D&B Pay Index	

In order for your company to be approved as a subcontractor please make sure the following is included:

- Insurance Certificate
- Last three years project experience
- Health & Safety Manual
- Training Program
- EMR rating worksheet
- W-9

PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION			
Name:			
Title:			
Signature:		Date:	