



**SUBCONTRACTOR / VENDOR PREQUALIFICATION
QUESTIONNAIRE**

Return to:
Phone: 1-208-323-4500

Petra, Inc. 1097 North Rosario St. Meridian, ID 83642
Fax: 1-208-323-1147

E-Mail: prequalform@petrainc.net
(Please send financials to our CFO, John Quapp at jquapp@petrainc.net)

All questions must be answered even if not applicable.

1. General Information

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address - City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website: _____

Contact for Bidding: _____ e-mail: _____

2. Licenses

Type of License	State	Number

3. Organization

Tax One: C-Corporation S-Corporation LLC Partnership Joint Venture LLP Sole Proprietor

Where incorporated or formed: _____ Date Founded: _____

Previous business names and years operated: _____

Name of Parent Company (if any) and Headquarter Location: _____

Other businesses owned or controlled by your firm its officer or principals: _____

Owners, Officers and Principals

Name & Title	Years with Company	Percent Ownership

4. Legal Information

Has your firm, its officers or principals been involved in any tax liens, bankruptcy or reorganization proceedings, failed to complete any work awarded to them, defaulted, or had a contract terminated for cause with in the last five years? If yes, explain:

Are there any judgments, tax liens, claims, lawsuits, arbitration or mediation proceedings currently pending or outstanding against your firm, its officers or principals? If yes, explain:

Has your firm, its officers or principals filed any claims, lawsuits, arbitration or mediation proceedings with regard to a construction contract within the last five years? If yes, explain:

5. Revenue

Projected revenue for this year and next year?

20 _____ \$ _____ 20 _____ \$ _____

Revenue for the last three years?

20 _____ \$ _____ 20 _____ \$ _____

Largest individual contract completed in each of the last three years?

20 _____ \$ _____

Contracted with/ Description

20 _____ \$ _____

Contracted with/ Description

20 _____ \$ _____

Contracted with/ Description

Are key supervisory personnel on these projects still with your firm?

Yes: _____ No: _____ Explain _____

Preferred contract size. \$ _____ Current Backlog \$ _____

6. Experience

Attach a list of your Current Major Contracts Work In Progress. Provide project name, location, owner, general contractor contract amount, scope of work, start date and scheduled completion date. Include contact names and telephone numbers.

Attach a list of Completed Major Contracts within last 5 years. Provide project name, location, owner, general contractor contract amount, scope of work, start date and completion date. Include contact names and telephone number.

T æ\ Contract and building types your firm has worked with:

- Athletic Correctional Cultural/Museum Destination/Hotel Education
- Government Healthcare High-tech/Labs Industrial Office
- Parking Facilities Renovation Residential Transportation Design Assist
- Design Build Guaranties Maximum Price Religious

Describe your firm's design and/or in-house engineering capabilities, if any: _____

7. Employees & Labor Relations

Number of Employees

	Total	Field	Shop	Office
Current Year:				
Average of previous 3 Years				

Labor unions your firm is signatory with, if any. Yes: _____ No: _____

Union Name and Local Number	Expires

If non-union describe your firm's labor acquisition methods and programs: _____

8. Bidding Interest

What work do you normally perform with your own forces? _____

What geographical regions are you interested in bidding? _____

What percent of your work do you normally subcontract to others? _____ %

What work do you normally subcontract to others? _____

9. Safety

Workers' Compensation Experience Modification Rate (EMR) for the last five (5) years.

20 _____	EMR: _____	20 _____	EMR: _____
20 _____	EMR: _____	20 _____	EMR: _____
20 _____	EMR: _____		

If any EMR above is **greater than 1.00**, explain cause and remedial action implemented: _____

Who is responsible for safety at your firm? _____
Their title, qualifications and experience? _____

Do you have a written safety program? _____

Do you require yours subs to have a written safety program? _____

What does senior management do to actively promote your safety program? _____

Any OSHA (Federal or State) Serious, Willful and or Repeat violations within the last five years? If yes, explain:

Any EPA (Federal or State) violations within last 5 years? If yes, explain:

Provide the following information (similar to OSHA Form 300A) for the last five years.

Year	Avg No of Employees	Total Hours Worked	Number of Cases				Number of Days	
			Number of Deaths	Days Away from Work	Job Transfer or Restriction	Other Recordable	Days away from Work	Job Transfer or Restriction

10. References

Banking - Bank Name & Branch: _____ Since: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone No.: _____

Credit Line Amount \$ _____ Amount Available \$ _____ Expiration Date _____

UCC Filing: _____ How is Credit Secured?: _____

Bonding - Bonding Company _____ Since: _____

Surety / Agent: _____ Since: _____

Contact: _____ Phone No.: _____

Bonding Capacity - Per Project: _____ Aggregate: _____

Last Bond Issued Date: _____ Amount: _____ Rate: _____

Type of Bond: _____

Persons or Entities that provide indemnification to Surety: _____

Insurance - General Liability Co.: _____ Since: _____

Broker / Agency: _____ Since: _____

Contact: _____ Phone No.: _____

Dun & Bradstreet - D&B Number: _____ D&B Rating: _____ Date of Rating: _____

Supplier References

A. Supplier Name & Location _____

Contact: _____ Phone No.: _____

B. Supplier Name & Location _____

Contact: _____ Phone No.: _____

C. Supplier Name & Location _____

Contact: _____ Phone No.: _____

Contractor References:

A. Contractor Name & Location _____

Contact: _____ Phone No.: _____

B. Contractor Name & Location _____

Contact: _____ Phone No.: _____

C. Contractor Name & Location _____

Contact: _____ Phone No.: _____

Attached your year end and latest financial statements. Prequalification and/or evaluation of your firm can not be completed without this information. Access to your firm's financial information will be restricted to Petra's financial personnel directly involved with the prequalification and or evaluation of your firm.

11. Additional Information

Provide any additional information that you feel will help us determine your qualifications: _____

What plan centers, publications, or other bid information sources does your firm utilize? _____

The undersigned warrants and represents that the information provided herein is complete and accurate in all respects and explicitly authorizes the references identified herein to provide any additional information requested by Petra that it may require to complete its prequalification and evaluation process.

Company Name: _____

Officer's Name: _____ Title: _____

Signature: _____ Date: _____

(must be an officer or principal of the company)

Instructions:

Thank you for your valuable time to complete this process, please download, save and complete then return via email to this prequalform@petrainc.net for the PETRA team to further process, if you prefer please mail to our corporate office. Send the financials to CFO, John Quapp at jquapp@petrainc.net.

Subcontractor Key Project Personnel

President / Owner: _____

Phone: _____

Fax: _____

E-mail Address: _____

Project Manager: _____

Phone: _____

Fax: _____

E-mail Address: _____

Billing Contact: _____

Phone: _____

Fax: _____

E-mail Address: _____

Payroll Contact: _____

Phone: _____

Fax: _____

E-mail Address: _____

Director and CFO MUST sign/date in order to be fully executed.

PETRA Director Approval

PETRA Controller/CFO Approval

Approval Date

Approval Date