



SUBCONTRACTOR / VENDOR PREQUALIFICATION QUESTIONNAIRE

Return to: Petra, Inc. 1097 North Rosario St. Meridian, ID 83642
Phone: 1-208-323-4500 Fax: 1-208-323-1147 E-Mail: prequalform@petrainc.net
FINANCIALS GO TO financials@petrainc.net ONLY

All questions must be answered even if not applicable.

Existing Petra Sub/Vendor? (yes/no) Petra Acct. Vendor #? (if known) Petra job#/name being considered for? (if known)

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

Table with 3 columns: Type of License, State, Number

3. Organization

Circle 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:

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.

Identify 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:				
Avera 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.: _____

Email your year end and latest financial statements to financials@petrainc.net, only. Access to your firm's financial information will be restricted to Petra's Executives. You will receive notification from Petra once your prequalification form AND financials have been reviewed.

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)

PETRA USE ONLY - Director and CFO MUST sign/date in order to be fully executed	
_____ Petra Director Approval	_____ Petra Controller/CFO Approval
_____ Approval Date	_____ Approval Date



Pursuit of Excellence

SUBCONTRACTOR/SUPPLIER KEY PROJECT PERSONNEL

SUBCONTRACTOR CO. NAME: _____

Mailing Address: _____

Shipping Address: _____

Company Phone#: _____

Company Fax#: _____

EMERGENCY CONTACT: _____

Mobile Phone#: _____

PRESIDENT/OWNER: _____

Mobile Phone#: _____

Email Address: _____

PROJECT MANAGER: _____

Mobile Phone#: _____

Email Address: _____

CLOSEOUT DOC'S CONTACT: _____

Mobile Phone#: _____

Email Address: _____

BILLING CONTACT: _____

Mobile Phone#: _____

Email Address: _____

PAYROLL CONTACT: _____

Mobile Phone#: _____

Email Address: _____

What TIES Our TEAM Together
Teamwork | Integrity | Excellence | Safety

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