



**DAVIS SUBCONTRACTOR PREQUALIFICATION FORM  
COVER SHEET**

Once the Subcontractor Prequalification Form is complete, please return via:

**Email:** [estimating@davisconstruction.com](mailto:estimating@davisconstruction.com)

**Fax:** Attn: Estimating Dept.  
301-468-3918

**Mai:** Attn: Estimating Dept.  
James G. Davis Construction Corporation  
12530 Parklawn Dr., Ste. 100  
Rockville, MD 20852

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Please make sure the following are attached:

- Sample Insurance Certificate including Additional Insured Endorsement
- Latest Audited Financial Statement
- Completed & Current Projects List (Exhibit A)
- Trade References (Exhibit B)



**DAVIS SUBCONTRACTOR PREQUALIFICATION FORM**

Thank you for your interest in James G. Davis Construction Corporation (DAVIS). In order to develop a more complete knowledge of your Company and better match future opportunities to your company's capabilities, please complete this form and return to DAVIS.

DATE: \_\_\_\_\_

CSI TRADE(S) of WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY**

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

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

Is this the: \_\_\_\_\_ Main Office \_\_\_\_\_ Regional Office \_\_\_\_\_ Other

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Estimating Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Company \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC  
\_\_\_\_\_ Joint Venture \_\_\_\_\_ Other \_\_\_\_\_

Date Formed: \_\_\_\_\_ State of Formation: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ SSN # (if sole proprietor) \_\_\_\_\_

State sales tax registration number: \_\_\_\_\_ DUNS# \_\_\_\_\_

State Unemployment Insurance number: \_\_\_\_\_

Government Rated Security Contractor? \_\_\_\_\_ Yes \_\_\_\_\_ No Rating \_\_\_\_\_ S \_\_\_\_\_ TS

Do you have a parent Company? \_\_\_\_\_ Yes \_\_\_\_\_ No (If Yes, please identify) \_\_\_\_\_  
\_\_\_\_\_

Do you perform services (or do business) under any other name(s)? If so, please specify such name(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Average work in place during last 5 years \$ \_\_\_\_\_ Work under contract \$ \_\_\_\_\_

Average project size in place last year \$ \_\_\_\_\_ Uncompleted backlog\$ \_\_\_\_\_

Largest Job in the past 3 years \$ \_\_\_\_\_ Desired project size \$ \_\_\_\_\_

What is your expected annual volume this year? \$ \_\_\_\_\_ # of projects \_\_\_\_\_

List trades typically performed by your own forces: \_\_\_\_\_

Type of work usually subcontracted: \_\_\_\_\_

What percentage of your work is generally subcontracted? \_\_\_\_\_%

Number of Employees: Office \_\_\_\_\_ Field \_\_\_\_\_ Shop \_\_\_\_\_

List the geographical areas in which you work:

\_\_\_\_\_  
\_\_\_\_\_

List, by state, trades performed in each, with corresponding professional licenses:

<u>State</u>	<u>Trades Performed</u>	<u>License Number (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any licenses ever been revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please provide detail)

\_\_\_\_\_

List all building types the company has worked (High rise office building, hotel, for-sale condominium, apartment,etc)

\_\_\_\_\_  
\_\_\_\_\_

Is your company currently working on any other projects for DAVIS? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(if Yes, provide Project names) \_\_\_\_\_

Has your company worked for DAVIS in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(if Yes, provide Project names) \_\_\_\_\_

**NOTE: Please submit completed Exhibit A & Exhibit B**

**MANAGEMENT**

Please complete the following information for your top (5) officers, principals and/or senior management:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Years with firm: \_\_\_\_\_  
Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Years with firm: \_\_\_\_\_  
Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Years with firm: \_\_\_\_\_  
Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Years with firm: \_\_\_\_\_  
Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Years with firm: \_\_\_\_\_

Have any Owners, officers, major stockholders, or senior management of your Company been indicted or convicted of any felony or other criminal conduct? \_\_\_\_\_ Yes \_\_\_\_\_ No

(if Yes, provide detail) \_\_\_\_\_  
\_\_\_\_\_

**LABOR**

Do you perform Wage Scale work? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your Labor Affiliation? \_\_\_\_\_ Union Shop \_\_\_\_\_ Open Shop

Does the company have any union agreements? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

**MBE/WBE/SBE/DBE/DVBE CERTIFICATION**

Is your firm certified? If yes, please check below:

MBE WBE SBE DBE DVBE LSDBE

Certifying Agency (s) \_\_\_\_\_

Certification Number (s) \_\_\_\_\_ Expiration \_\_\_\_\_

Is firm in compliance with all EEO Requirements? Yes No

**BONDING CAPACITY**

Single project capacity \_\_\_\_\_ Aggregate limit \_\_\_\_\_

Bonding Company/Address \_\_\_\_\_

Bonding Agent Name/Phone # \_\_\_\_\_

Blended Bond Rate per \$1,000 of contract value \_\_\_\_\_

Has firm ever been involved in Bankruptcy or Re-Organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has firm ever presented a contract claim or litigated against a general contractor or Owner?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please provide detail) \_\_\_\_\_

Any pending contract or bond claims against the firm? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are there any pending legal judgments against the firm? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(if yes to either, provide detail) \_\_\_\_\_

Has any entity made a claim or arbitrated against your Company for failing to make payments to that or  
any other entity? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide detail \_\_\_\_\_

Has your organization ever failed to complete any work awarded to you in the last 5 years? \_\_ Yes \_\_  
\_\_\_\_\_ No If yes to any of the above, please attach a brief explanation.

**SAFETY**

Who is responsible for coordinating your Company's Safety Program?

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Experience Modification Rate (EMR) for the past three years:

Current \_\_\_\_\_ 1st Prior Year \_\_\_\_\_ 2nd Prior Year \_\_\_\_\_

Does the company have a written safety program and/or policies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your company have a safety reward program for employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your firm typically prepare Job Hazard Analysis (JHA)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the company have a written Substance abuse policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate below your company's substance abuse screening program:

Pre Hire \_\_\_\_\_ Yes \_\_\_\_\_ No

For Cause \_\_\_\_\_ Yes \_\_\_\_\_ No

Post Accident \_\_\_\_\_ Yes \_\_\_\_\_ No

Random \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate below your safety training for employees:

Employee Initiation Safety Training: \_\_\_\_\_ Yes \_\_\_\_\_ No

Supervisors, Managers: \_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

Tool Box Meetings: \_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

How many full-time safety professionals does your company employ? \_\_\_\_\_

Does this person do safety inspections on all of your projects? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a return to work/light duty program? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your company have a disciplinary program in place for safety violations? \_\_Yes \_\_No

Does your company review the safety management systems of your sub-subcontractors?

\_\_\_\_\_Yes \_\_\_\_\_No

Does your company conduct accident/incident investigations? \_\_\_\_\_ Yes \_\_\_\_\_ No

What percentage of supervisory employees have completed an OSHA 30 Hour Training Program? \_\_  
\_\_\_\_\_%

Please list your OSHA Recordable Incident Rate over the last five years:

Year: \_\_\_\_\_

Recordable Rate: \_\_\_\_\_

Lost time Rate: \_\_\_\_\_

Have you implemented 100% fall protection? \_\_\_\_\_ Yes \_\_\_\_\_ No

In the past five years has the firm been cited for any serious (as defined by OSHA) OSHA Violation?

Yes\_\_\_\_No If yes, please provide detail, i.e. date, location, description of incident, citing authority:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **QUALITY CONTROL**

Does your company have a formal Quality Control Manual? \_\_\_\_\_Yes \_\_\_\_\_No

Who is responsible for coordinating your Company's Quality Control Program?

Name:\_\_\_\_\_ Title:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Does your company identify a project specific QC representative for each project?\_\_Yes\_\_\_\_No

Name:\_\_\_\_\_ Title:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Does your company utilize project specific QC checklists to document and ensure the quality of your product or service? \_\_\_\_\_Yes \_\_\_\_\_No

**INSURANCE**

In addition to providing the below information, please attach a sample insurance certificate along with your insurer’s additional insured endorsement.

**Commercial General Liability**

Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limits of Insurance:

Each Occurrence Limit \_\_\_\_\_ General Aggregate \_\_\_\_\_

Completed Ops Agg. \_\_\_\_\_ Personal Injury Limit \_\_\_\_\_

Amount of Deductible or SIR \_\_\_\_\_

General Aggregate apply on a per project basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any exclusion from standard CGL policy, i.e., residential construction?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please describe) \_\_\_\_\_  
\_\_\_\_\_

**Excess Liability**

Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Limits of Insurance: (a minimum of \$5 million if required)

Each Occurrence \_\_\_\_\_ General Aggregate \_\_\_\_\_

**Worker’s Compensation and Employer’s Liability**

Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Statutory Coverage provided for DC, MD and VA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Statutory Coverage for all other states? \_\_\_\_\_ Yes \_\_\_\_\_ No

Limits of Insurance (Employer’s Liability):

Each Accident \_\_\_\_\_

Amount of Deductible or SIR \_\_\_\_\_

**Business Auto Liability**

Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Limits of Insurance:

Combined Single Limit \_\_\_\_\_ Property Damage \_\_\_\_\_

B.I. per Person \_\_\_\_\_ B.I. per Accident \_\_\_\_\_

**Professional Liability Insurance**

Do you have professional liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Limits of Insurance \_\_\_\_\_

**Pollution Liability Insurance**

Do you have pollution liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Policy \_\_\_\_\_ Limits of Insurance \_\_\_\_\_

**BANK REFERENCES AND FINANCIALS:**

Does the company have a line of credit from any lending institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Line \$ \_\_\_\_\_ Average amount utilized \$ \_\_\_\_\_

UCC Filing? \_\_\_ Yes \_\_\_ No How is credit secured? \_\_\_\_\_

Please list (or attach) bank information:

**Lenders Name &Address      Contact & Telephone Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for DAVIS use and will be handled confidentially.)

If the attached financial statement is not for the identical company named above, explain the relationship and financial responsibility of the company whose financial statement is provided:

\_\_\_\_\_  
\_\_\_\_\_

**INTERNET**

Does the company have high-speed internet access? \_\_\_\_\_ Yes \_\_\_\_\_ No

Company Website Address: \_\_\_\_\_

Company email Address: \_\_\_\_\_

Does each individual in the company have an email in-box that is checked regularly? \_\_\_\_\_

Does the company have CAD capability? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you accept Invitations to Bid electronically? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide email address \_\_\_\_\_

I certify, by inserting and signing my name and title below, that the information provided in this application is accurate and complete as of the date of this certification.

Signature of Owner / Officer \_\_\_\_\_

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

Title \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Certification \_\_\_\_\_

Please submit the "Subcontractor Bid List Application" to the following:

James G. Davis Construction Corporation

12530 Parklawn Drive

Rockville, MD 20852

Attn: Estimating Department

Phone: 301-881-2990

Fax: 301-468-3918

Email: [estimating@davisconstruction.com](mailto:estimating@davisconstruction.com)

## EXHIBIT A

**COMPLETED PROJECTS:** Representative projects completed in the last five (5) years (for all general contractors including DAVIS).

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**CURRENT PROJECTS:** Representative projects currently under construction (for all general contractors including DAVIS).

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**%Completed**

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

.

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**Name of Project:**

**Contracting Company:**

**Contact Name:**

**Phone No.:**

**Contract Amount:**

**Completion Date:**

**EXHIBIT B**

**TRADE REFERENCES:** List (3) of your subcontractors or suppliers

1) Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

3) Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_