



Subcontractor Prequalification Application

Date _____

Dear Interested Subcontractor:

Thank you for your firm's interest in working with CMB Services Inc.

To be included in our subcontractor management program, each subcontractor is required to prequalify by submitting a complete Trade Contractor Prequalification Application and the Bid Notice Bulletin. In addition to completing the aforementioned documents, you will need to submit the following required documents based on your responses:

1. Safety and Insurance Documentation
 - a. Current Safety and Substance Abuse Policy
 - b. OSHA 300 and 300a logs from the past three years
 - c. Certificate of Insurance – Requirements are \$1M general liability (per project limits) and auto; \$3M Excess, State Statutory Limits for Worker's Compensation

2. Financial and Bonding information:
 - a. Financial Statements including most recent audited Balance Sheet and Income Statement
 - b. A signed letter from your bonding agent stipulating current amount of bonding capacity per project, aggregate limit, bond rate and identifying the surety including A.M. Best Rating.
 - c. Completed IRS W-9 Form, Request for Taxpayer Identification and Certification

3. Licensing and Certifications:
 - a. Minority Certification Letter from Governing Authority
 - b. Applicable Licenses: General Contractor's license required for work over \$30,000.00. Licenses for work associated with architectural, electrical, mechanical and plumbing.
 - c. South Carolina Business License or reciprocal License

Prior to submitting your application, please be familiar with CMB Services Inc. bonding requirements: Separate Payment and Performance Bonds are required on all subcontracts of \$100,000 or greater. If the scope of work relates to building exterior; e.g., windows, roofing, EIFS, precast panels, brick veneer, etc., separate Payment and Performance Bonds are required regardless of the value of the scope of work.

Please submit your completed application to Cedric Barnes, 1225 Laurel Street, Suite 100, Columbia, SC 29201. For additional information, feel free to contact Mr. Barnes at 803.550.9445 or cedric@cmbbuild.com. Once your completed application has been received by CMB, we will immediately begin the review process and will contact you regarding your approval status as soon as possible.

Again, thank you for your interest in working with CMB.

Very truly yours,

Cedric Barnes
Owner/President



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The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Submitted to: **CMB Services Inc.**
1225 Laurel Street, Suite 100
Columbia, SC 29201

Phone: **803.550.9445**
www.cmbbuild.com

Section 1 – Company Information

Company Name: _____ Corporation

Mailing Address: _____ Partnership

City, State, Zip: _____ Individual

Street Address: _____ Joint Venture

City, State, Zip: _____ Other

Principal Office: _____ Dun & Bradstreet No.: _____

City, State, Zip: _____ Federal ID or SS #: _____

Phone: _____ E-mail: _____

Fax: _____ Website: _____

Contact Name: _____

Project Name (if applicable): _____

Scope(s) of work for which you are prequalifying :



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Section 2 - Organization

1. How many years has your organization been in business? _____
2. How many years has your organization been in business under its present business name? _____
3. List any former names your organization has operated under:

4. Is your organization a subsidiary or affiliate of another firm? Yes No
A. If yes, what is the parent company's name? _____
B. Also list all other subsidiaries or affiliates. _____

5. If your organization is a corporation, to include limited liability corporation, answer the following:
Date of incorporation: _____
State of incorporation: _____
Name of CEO: _____
Name of President: _____
Key Personnel: _____

6. If your organization is a partnership, to include limited liability partnership, answer the following:
Date of partnership: _____
Type of partnership: _____
(if applicable)
Names of General Partners: _____

7. If your organization is individually owned, answer the following:
Date of organization: _____
Name of Owner(s): _____



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Section 3 - Licensing

1. Has a complaint ever been filed with any State Licensing Board against your firm? Yes No
If yes, please describe:

2. Indicate licenses, with license numbers, for which you are qualified to do business, (e.g. electrical, fire protection, state or county business licenses, etc.).

License type & State
License type & State

License number _____
License number _____

Section 4 - Experience

1. Has your organization within the last five years ever failed to complete a contract or paid liquidated damages? Yes No
If yes, please describe: _____

2. Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last five years? Yes No

If yes, please describe:

3. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years? **If yes, please describe and list each lawsuit or arbitration filing:** Yes No

4. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract? Yes No
If yes, please describe: _____

5. Within the last (3) three years has your organization performed any work for CMB? Yes No

If yes, please describe: _____

- Project Name: _____
- CMB Project Manager Name: _____
- Contract Amount: _____



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6. **On a separate sheet**, list three (3) major projects your organization has **in progress** and list three (3) major **completed** projects for the scope(s) of work that you are prequalifying for. If the applicant has healthcare experience please list those projects. Provide the following information for **each** project:

- Project name & owner
- General contractor (please list other than yourself)
- GC contact name, phone number & email address
- Contract amount
- Scope of work
- Completion date (actual or expected)
- Percentage of work performed with your own forces

7. Indicate the type of projects in which your organization has experience: *(check all that apply)*

- Residential Commercial Industrial Health Care Mixed Use
 Senior Living Institutional

8. Indicate your preferred project size. _____

9. What scope(s) of work do you typically subcontract to other companies?

Section 5 - References

1. **On a separate sheet**, list four trade/credit references. Include the following for each reference: Company name, address, telephone number, and contact name

Section 6 - Safety & Loss Prevention

1. Do you have a written safety and health program? Yes No
If yes, please attach your safety policy.

2. Please attach OSHA 300A and 300 Logs for the last three years.

3. In the last 3 years, has your company ever received a Serious, Willful, or Repeat violation under the OSHA Construction or General Industry Standards? Yes No
If yes, please attach a letter from your Safety Director explaining the citation(s) and remediation measures taken.

4. Please list your company's Experience Modification Rate (EMR) for the last three years.
Year: _____ EMR: _____ Year: _____ EMR: _____ Year: _____ EMR: _____

5. Do you have a Substance Abuse Policy? Yes No
If yes, please check the following that apply and supply copy of your Substance Abuse policy:

- Pre-employment testing post Accident testing
 Random testing For cause testing



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- 6. Provide a copy of your current certificate of insurance (General Liability, Auto, Workers' Compensation & Excess Liability).
- 7. List bank reference. *(Use a separate sheet for additional references)*

Name of banking company: _____
 Address: _____
 Telephone number: _____
 Contact person: _____

- 8. Is your firm able to provide a payment and performance bond? Yes No

If yes, please attach a signed letter from your bonding agent stipulating current amount of bonding capacity per project, aggregate limit, bond rate and identifying the surety including A.M. Best Rating.

Section 7 – Financial/Operational *(This information will remain confidential.)*

- 1. Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement. (Please note this information is required to process your application.)
- 2. Indicate below the annual sales volume for the last three (3) years:
 Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- 3. What is your backlog?
 Today: \$ _____ Last Financial Statement: \$ _____ 12 months ago: \$ _____
- 4. Attach your company's IRS Form W-9, Request for Taxpayer Identification and Certification (Rev. December 2014)

Section 8 – Signature

I, _____ being duly sworn, deposes and says that the information provided on the prequalification application herein is true and sufficiently complete so as not to be misleading.

Firm Name: _____
 By: _____
 Title: _____

Dated this _____ day of _____, 20 _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public: _____

My commission expires: _____

Print Name _____

