



Subcontractor Prequalification Form

COMPANY INFORMATION

Company Legal Name: _____

Mailing Address: _____

City, State, Zip: _____

Point of Contact for Bid: _____

Title: _____ Cell: _____

Phone: _____ Email: _____

COMPANY STRUCTURE

Type of Organization: Corporation LLC Partnership Sole Proprietor Joint Venture

Date Founded: _____ Federal ID: _____

State Established: _____ SSN (if no Federal ID): _____

Under what other names has/does this company operate (d):

Is company owner or controlled by any other organization: Yes No

If yes, what organization: _____

Is the company now or ever been involved in bankruptcy proceedings? Yes No

(If yes, please explain on separate paper)

Are there any pending or outstanding judgements, claims, or suits? Yes No

(If yes, please explain on separate paper)

OFFICERS (List of all officers of the company with titles)

Name: _____	Title: _____

REFERENCES

Bank Reference: _____
Contact Name: _____ Phone: _____

Supplier References: {Please list the subs/suppliers you plan to utilize for this project and have a history with}

Company Name: _____	Acct #: _____
Address: _____	Phone: _____
Company Name: _____	Acct #: _____
Address: _____	Phone: _____
Company Name: _____	Acct #: _____
Address: _____	Phone: _____

General Contractor References: {Please list the projects your company has done with similar scope}

Company Name: _____	Phone: _____
Project Value \$: _____	
Company Name: _____	Phone: _____
Project Value \$: _____	
Company Name: _____	Phone: _____
Project Value \$: _____	

EXPERIENCE

Has your company failed to complete work awarded? Yes No

Has your company been removed from a project? Yes No

Are there any suits, judgements, claims, or arbitration with regard to construction against your company? Yes No

Has your company filed any law suits or requested arbitration with regard to construction? Yes No

Has your company been assessed any liquidated damages? Yes No

If yes to any of the above, please list which project(s) and why (attach additional pages if needed):

INSURANCE AND SAFETY

Insurance Agent: _____ Phone: _____

Company: _____ Phone: _____

Bonding Agent: _____ Phone: _____

Company: _____

If required, can a payment and performance bond be received for this job? Yes No

Has your company had a job site fatality? Yes No

If yes, how many and when?

Has your company had an OSHA citation? Yes No

If yes, how many and when?

Does your company have a written Field Safety Program? Yes No

If yes, is a copy available upon request? Yes No

Does your company conduct Field Safety Meetings? Yes No

If yes, who conducts the meetings? _____ Frequency? _____

If no, why not?

Does your company have a Drug Testing Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre-Employment Testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post Incident Testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Random Drug Testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to Random Drug Testing, what frequency? _____

CERTIFICATE OF INSURANCE

Attached are Seidel Construction's Insurance Requirements and a sample of the required Certificate of Insurance. A current and corrected Certificate of Insurance MUST be submitted to our office in order for your company to be added to our bidders list or be considered for a job.

If you do not currently have these required limits, are you able to acquire the necessary insurance limits as per the attached exhibit? Yes No

If no, please explain:

I certify that the above information is true and correct and hereby authorize Seidel Construction to perform a background check on my company including a credit check with the supplier, job, and contractor references above.

Signature of Owner

Date

Subcontractor Accounting Form

Point of contact for accounts receivable: _____

Phone: _____

Email: _____

Mailing Address for checks: _____

City, State, Zip: _____

Invoice Submittal and Payment Terms

Invoices are to be submitted to Seidel Construction's accounting department via email at accounting@seidelgc.com on the 20th of each month, or the first working day proceeding the 20th when weekends or holidays are involved.

Invoices will be reviewed, approved and entered into our system. Those invoices that have been received on the 20th and if the owner has paid, will be paid on or before the 30th of the following month.

Seidel Construction customer billing occurs between the 25th and 5th of each month. Invoices received after the 20th of each month are not captured on monthly customer billing and therefore, payment will be delayed.

Please let me know if you have any questions about the process.

Morgan Pringle

Accounts Payable

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.