



To Whom It May Concern:

Attached please find the W.E. O'Neil Subcontractor Pre Qualification Form. We are requesting your company to complete these forms with the required information and return with the following documentation: (This information will remain strictly **CONFIDENTIAL.**)

1. Current Financial Statement
2. Current "Sample" Insurance Certificate
3. Current EMR Rating Letter from insurance provider.
(Include EMR for all sub-subcontractors who will be on site)
If EMR is over 1.0 the following must also be provided:
 - a.) OSHA 300 log from past three years
 - b.) Letter from Insurance provider addressing the reason for the rating.
4. W-9

If you have previously pre-qualified with W.E. O'Neil please list the project and contact name that you submitted the information to. **If any of the information has expired you will be asked to submit current documentation.**

Project:

Contact:

email to:

Prequalifying is a requirement for all projects with W.E. O'Neil, thank you for your time.



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O'Neil Industries Inc.
A Family of Construction
Companies

Subcontractor Professional Services
PREQUALIFICATION FORM

Prequalification Form will NOT be accepted unless it is completed in its entirety and signed

Please select the state that you are submitting your qualifications for: **AZ** ☐ **IL** ☐ **CA** ☐ **CO** ☐
Other: _____

Business Information

Date Completed: _____

Legal Company Name:	_____		
(and DBA)	_____		
Address:	_____		
(No PO Boxes)	_____		
Executive Contact:	_____		
Safety Director:	_____		
Estimating Contact:	_____		
Phone:	_____	Fax:	_____
Email:	_____	Website:	_____
Other Branch Offices:	_____		
Design/Build Experience:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Engineering Staff is:	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
Years in Business Under Present Name:	_____ Years		
Previous Business Name or Employment, if less than five (5) years:	_____		
Status:	<input type="checkbox"/> Union	<input type="checkbox"/> Open Shop	<input type="checkbox"/> Prevailing Wage
Tax Identification No.: (TIN)	_____		
List of all applicable State Contractor's License Numbers:	_____		
List all unions that you are signatory to:	_____		
Company Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> DBA
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Individual
		<input type="checkbox"/> LLC	

Work Performed / Region

List the CSI/Trade sections that your organization is licensed to perform:			

Check the markets your company has experience in:			
<input type="checkbox"/> Aerospace	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Industrial	<input type="checkbox"/> Retail
<input type="checkbox"/> Casino	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Institutional	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Educational	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Residential	<input type="checkbox"/> Other: _____



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Subcontractor Professional Services PREQUALIFICATION FORM

Business Certification

Does your business hold any of these certifications: ☐ Yes ☐ No
(If yes, please complete the remainder of this section and attach documentation)

<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Woman Owned	<input type="checkbox"/> Small Business
<input type="checkbox"/> Disadvantaged Business	<input type="checkbox"/> HubZone	<input type="checkbox"/> Veteran Owned
<input type="checkbox"/> Helmets to Hard Hats	<input type="checkbox"/> Other-1 <input type="text"/>	<input type="checkbox"/> Other-2 <input type="text"/>

Financial

Name of Bank:

Address:

Contact Person: Phone:

Amount of Line of Credit: \$

Company Dunn and Bradstreet number:

***ALL CONTRACTS REQUIRE CURRENT AUDITED FINANCIAL STATEMENTS.**

Average Contract Size over the last five (5) years: \$

Average annual revenue over the last five (5) years: \$

Insurance

Does your company meet W.E. O'Neil Construction's minimum standard insurance requirements?

☐ Yes ☐ No (refer to attached minimum insurance requirements)

Please attach samples of your current Certificates of Insurance and Endorsements for review.

Bonding (This is required on most of our projects, please carefully review and complete)

Is your company bondable? ☐ Yes ☐ No
(If N/A or not bondable, please provide explanation)

Bonding Capacity in aggregate: \$ Bonding capacity per project: \$
(Current \$\$ Value required, DO NOT state unlimited)

Bonding Rate Percent: % Total value of current Bonds: \$

Bonding Company (Surety, not Agent):* NAIC #
(List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))

Bonding Company A.M. Best Rating:

Bond Agency Contact Name: Phone:

***PLEASE LIST THE CORRECT SURETY COMPANY WITH NAIC NUMBER.**



Past Performance

Has your organization ever failed to complete any awarded work in the last seven (7) years?

☐ Yes ☐ No
(If Yes, Attach explanation)

Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years?

☐ Yes ☐ No
(If Yes, Attach explanation)

Has your organization filed any lawsuits, arbitration, mediation or liens with regard to construction contracts within the last seven (7) years?

☐ Yes ☐ No
(If Yes, Attach explanation)

Safety

How many OSHA violations has this business incurred over the past three (3) years? _____

What is this business' Worker's Comp EMR history for the past three (3) years and the current year?

(Please contact your Worker's Comp Agent to verify your Comp EMR)

Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

What is this business' OSHA recordable incident rate for the past three (3) years and the current year?

(Number of recordables X 200,000 / man-hours worked)

Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

How many fatalities has this business incurred over the past three (3) years? _____

Does this business have a written safety policy? ☐ Yes ☐ No

(A copy will be required if selected for the project)

Does your company comply with the Drug Free Work Act? ☐ Yes ☐ No

References

List Contact information for three (3) owners, general contractors, or construction managers for whom the company has worked in the past two (2) years below:

Company	Contact	Phone	Email or Fax
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List Contact information for your three (3) major suppliers:

Company	Contact	Phone	Email or Fax
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Recent Project Experience: (Additional pages may be added if needed)

1. List All Projects Ongoing or Completed In The Past 2 Years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, ie: Design Build/ Hard Bid/CM@Risk/GMP)

2. Projects with W.E. O'Neil Construction (include all offices): (Include Project Name, Owner, Architect, Contract Amount, Percentage or Date Completed. Specify type of project, ie: Design Build/Hard Bid/[CM@Risk/GMP](#))

3. Largest Three Projects completed in the last 5 years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, ie: Design Build/Hard Bid/CM@Risk/GMP)

4. Does your company have LEED Experience? Do you have LEED Accredited professionals?
If so, how many?

5. Does your company have BIM (Building Information Modeling) Experience? If so, what software do you use?

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

Completed By:

(Print or Type)

(Signature)

Title:

Date Completed:
