



Thank you for your inquiry regarding subcontracting opportunities with CM Contracting, Inc.

Sub-contractors are expected to fully support CM Contracting's commitment to health and workplace safety on each project. As part of the pre-qualifications, CMC will review areas such as bonding capability, past safety experience and regulatory compliance.

Bidders who 1) do not submit all requested data, 2) do not meet the criteria shown or 3) who present inaccurate data, may not be offered a subcontract. Submission of a subsequent bid proposal shall be evidence that the Bidder understands and agrees that the Construction Manager has the right to reject as non responsive any bid proposal which is not in full compliance with these criteria.

**Print and Mail or Fax or Scan and Email the completed form and any attachments to:**

**CM Contracting, Inc.**  
**310 Custer Drive, Battle Creek MI 49037**  
**Fax (269)660-9467**  
[stthomas@cmcontracting.com](mailto:stthomas@cmcontracting.com)

*CM Contracting, Inc. believes in affording equal opportunities to qualified individuals regardless of race, color, religion, national origin, sex, age, sexual orientation, disability unrelated to ability to perform duties of a particular job, height, weight, arrest record or marital and/or veteran status.*



## SUBCONTRACTOR PRE-QUALIFICATION FORM

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**TAX ID NUMBER:** \_\_\_\_\_

**WEB SITE ADDRESS (if any):** \_\_\_\_\_

**CONTACT PERSON(S)**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**Form of Ownership:**

**Corporation:** S-Corp? \_\_\_\_\_ C-Corp? \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

**Partnership**

Date of Organization \_\_\_\_\_ General or Limited: \_\_\_\_\_

Name and Address of Principles: \_\_\_\_\_

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



**Limited Liability Corporation**

Date of Organization \_\_\_\_\_

Name and Address of Principles:

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

**Sole Proprietorship**

Address \_\_\_\_\_

**Company Information**

Are you certified as a (please check all that apply)

- \_\_\_\_\_ Minority Owned Business
- \_\_\_\_\_ Women Owned Business
- \_\_\_\_\_ Disadvantaged Owned Business
- \_\_\_\_\_ Veteran Business Enterprise
- \_\_\_\_\_ Small Business Enterprise
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

How many years has the company been in business under present name? \_\_\_\_\_

Has your company ever operated under another name? If so please specify below

Name	_____	Years	_____
Name	_____	Years	_____

Average number of employees for the past 5 years \_\_\_\_\_

Scope of Work Performed (e.g., type of projects / work you specialize in, industries that you have experience in):

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

What geographic area does your company serve: \_\_\_\_\_

Are you willing to travel beyond this area: No: \_\_\_\_\_ Yes: \_\_\_\_\_  
and if Yes, how far? \_\_\_\_\_



Are there any Union Affiliations? If so please specify:

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Has a contract ever been terminated in the past 5 years due to default?

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

If Yes:

Date \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any pending or outstanding judgments, claims, arbitration proceedings, or suites against your company?

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

If Yes:

Date \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years?

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

If Yes:

Date \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Insurance

CM Contracting, Inc. requires an Insurance Certificate on file indicating both General Liability and Workers' Compensation Insurance and expiration dates. Subcontractors will not be pre-qualified without an insurance certificate on file.

Insurance shall be proffered by a U.S. domiciled firm licensed to conduct business with the State of Michigan and rated by A.M. Best as A-, financial category FSC IV or better.

The Insurance Policy(s) shall not be canceled or withdrawn unless it is replaced by a policy, with no lapse in coverage, which meets the same criteria for the duration of the contract through completion of the one year warranty obligation.

**Please provide a letter from your agent or actual certificate of insurance which provides the following coverage and limits** (CM Contracting, Inc. will not pay for special endorsements or waivers.)

- A** Commercial General Liability - \$1 million each occurrence / \$2 million per project aggregate coverage naming the Owner and all its employees, agents and consultants
- B** Automobile Liability: \$1 million Combined Single Limit coverage (or \$1 million Bodily Injury and \$1 million Property Damage)
- C** Worker's Compensation: Statutory coverage for the state in which the work is performed
- D** Employer's Liability: \$500,000 each accident, \$500,000 each employee, \$500,000 Policy Limit
- E** Waiver of Subrogation Endorsement  
Additional Insured Endorsement listing General Contractor, and Lender and  
**F** Construction Management Firm (if applicable) and their officers, directors, and employees - all in primary wording
- G** Excess Liability (Umbrella) - only required if General Liability is under \$2 million



**Bonding**

If your company is awarded a contract, CM Contracting, Inc. will require a certified letter from your bonding company indentifying the bonding rate per \$1,000, as well as the aggregate and single project bonding capacity of the company.

Bonds shall be proffered by a U.S. domiciled firm, licensed to conduct business with the State of Michigan, U.S. Treasury listed, and rated by A.M. Best as A-, financial category FSC IV or better.

Bonding Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
A.M. Best Rating \_\_\_\_\_

**\*\* Please provide a preliminary letter from your bonding company indicating that they will bond your portion of the work if you are selected for contract award.**

**Financial Information**

What was your Company's average yearly volume of work for the past 3 years?  
2009 \_\_\_\_\_ 2010 \_\_\_\_\_ 2011 \_\_\_\_\_

What is your Company's average contract size?  
Minimum? \_\_\_\_\_ Maximum? \_\_\_\_\_

On an attached separate sheet of paper **provide a complete work in progress schedule for all work under contract**, showing % complete, notice of any claims in process, resolved or anticipated.

Has your company (under current or previous name) or any of its Owners (past or present) declared bankruptcy in the last 5 years?

Yes? \_\_\_\_\_ No? \_\_\_\_\_

If Yes:

Date of Filing \_\_\_\_\_  
Classification of Filing \_\_\_\_\_  
Explanation \_\_\_\_\_

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



**Safety**

What is your current and past Workers' Compensation Experience Modification Rating (EMR)?

An EMR of less than one is desired. **Provide explanation for any EMR > 1.0.**

Current \_\_\_\_\_ 2010 \_\_\_\_\_ 2009 \_\_\_\_\_

Has your company been cited by OSHA, the EPA or any other similar jurisdiction or agency in the past five years?

Yes? \_\_\_\_\_ No? \_\_\_\_\_

If Yes:

Please provide explanation of each incident on a separate sheet of paper and attached to the package when submitting it.

Has your company ever been associated with or involved in a job site death(s)?

Yes? \_\_\_\_\_ No? \_\_\_\_\_

If Yes:

Please provide explanation of each incident on a separate sheet of paper and attached to the package when submitting it.

Do you require documented safety meetings be held for:

Field Supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_

Employees? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_

New Hires? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_

Safety Director Name: \_\_\_\_\_

Safety Director Phone No: \_\_\_\_\_

**References**

Bank Reference

Bank Name: \_\_\_\_\_

Account Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Line of Credit: \_\_\_\_\_



General Contractors whom you have worked for in the past 2 years (please provide at least 2):

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Subcontractor/Supplier with whom you have worked with in the past 2 years (please provide 3):

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**The above stated and attached information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Print Name / Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date