



Subcontractor Qualification Questionnaire

All responses to this questionnaire are strictly confidential.

Required fields are marked with an *.

If you have any questions, please contact our Qualification Team @ 847-214-6515 or e-mail qualifications@powerconstruction.net

Please review the information entered and make any corrections. You may print the application by clicking the 'Print' button at the bottom of this page.
IMPORTANT - Once you click 'Submit' your information will be forwarded to our Qualification Team and will no longer be accessible.

Company Headquarters Information	
Federal Tax ID:	Year Company Founded
Company Name:	
Legal Name (only if different than the Company Name above)	
Address:	Contact / Position
Suite:	Phone (xxx/xxx-xxxx)
City:	Toll Free (xxx/xxx-xxxx)
State	Fax (xxx/xxx-xxxx)
Zip	E-mail
Country	

Branch Offices: (Enter all your branch office(s) and bid contact names)

Indicate what region your company does work in:

<input type="checkbox"/> Cook County, IL (within Chicago)	<input type="checkbox"/> DuPage County, IL	<input type="checkbox"/> McHenry County, IL
<input type="checkbox"/> Cook County, IL (outside Chicago)	<input type="checkbox"/> Kane County, IL	<input type="checkbox"/> Will County, IL
<input type="checkbox"/> DeKalb County, IL	<input type="checkbox"/> Lake County, IL	

General Information

License Information: Enter your company's contractors license information

Jurisdiction	Type	License Number	Expiration Date

Is your firm signatory to any unions? Yes No

Minority Business Enterprise Status:

- | | | |
|---|--|--|
| <input type="checkbox"/> BEPD-Chicago/Cook | <input type="checkbox"/> DBE-Chicago/Cook | <input type="checkbox"/> DBE-Other |
| <input type="checkbox"/> zzz_Minority Owned Business Enterprise | <input type="checkbox"/> MBE-Chicago/Cook-African American | <input type="checkbox"/> MBE-Chicago/Cook-Asian Pacific American |
| <input type="checkbox"/> MBE-Chicago/Cook-Hispanic American | <input type="checkbox"/> MBE-Chicago/Cook-Native American | <input type="checkbox"/> MBE-Chicago/Cook-Not Disclosed |
| <input type="checkbox"/> MBE-Other | <input type="checkbox"/> VBE-Chicago/Cook | <input type="checkbox"/> VBE-Other |
| <input type="checkbox"/> zzz_Woman Owned Business | <input type="checkbox"/> WBE-Chicago/Cook | <input type="checkbox"/> WBE-Other |

Enterprise

Trade Information:

Certifying Agency Names:

Union Affiliations

Insurance Information

To review the insurance requirements for Power Construction Company, LLC, click the link [SubBiddingInsReqs-2014.pdf](#)

Insurance Broker Name: tbd

GL Policy Expiration Date: 2037-11-11

We have reviewed the attached documents and we fully meet the Insurance Requirements Yes No

If you have checked No, then please check from the list below, the Insurance Requirements you DO NOT MEET.

- Limits less than required
- Aggregate limits do not apply separately per project
- Carrier rated less than A-/VII by A.M. Best
- Not able to supply blanket certificate of insurance
- Policy does not include blanket waiver of subrogation

Safety Information (OSHA Form 300A Must Be Attached)

- Does your company have a written safety program? Yes No
- Does your company have a written substance abuse policy? Yes No
- Does your company hold site safety meetings? Yes No How Often? TBD
- Does your company have a written training program? Yes No
- Does your company conduct project site safety inspections? Yes No How Often? TBD
- Does your company have a written discipline program? Yes No
- Does your company have a safety representative? Yes No Contact/Position: TBD

Year	Citations	EMR	FWH	ANE	Fatalities
2021	0	0	0	0	0
2020	0	0	0	0	0
2019	0	0	0	0	0

Citations - Please enter number of OSHA Citations received during that year (citations, not violations)

EMR - Experience Modification Rate. Your Workers Comp carrier should have this information

RIR - Recordable Incident Rate - Add columns I & J from the OSHA 300A form.

LTIR - Lost Time Incident Rate - Column H from the OSHA 300A form

FHW - Total hours worked by all employees - located on right hand side of OSHA 300A form

ANE - Annual Number of Employees - located on right hand side of OSHA 300A

Fatalities - Column G from OSHA 300A form

Surety Information

Is your Company Bondable? Yes No

Surety Company

Broker (Agency) Name

Phone (xxx/xxx-xxxx)

Single Project Bonding Capacity

Aggregate Project Bonding Capacity

Current amount under bond today

Financial Information

Financial Year Ending: :

Legal Entity Type:

Yes No Score:

Year Company Founded:

Fiscal Year End Date:

Effective Date (XQYYYY):

Subsidiary Names: 1.

2.

3.

4.

Previous Company Names: 1.

2.

3.

4.

Parent Organization

Has Your Company Ever Filed Bankruptcy? Yes No If Yes, explain:

Financial information must be attached. This information will be held in strict confidence for the purpose of Subcontractor Qualification only.

Amount Line Of Credit:
Against Line Of Credit:
Highest Dollar Project Ever Awarded:
Average Project Size:

Direct all questions to our Qualification Team @ 847-214-6515 or e-mail qualifications@powerconstruction.net.

Company Officers:

Company Officer Name Title

Financial Information

Enter information for a contact in your company who can answer specific questions about your Financials:

Contact Name: Phone (xxx/xxx-xxxx) Fax (xxx/xxx-xxxx)
Title/Position: E-mail
Bank Reference:
Name of Bank: Phone (xxx/xxx-xxxx)
Contact Name: Fax (xxx/xxx-xxxx)
Title/Position: E-mail

Litigation Information

If yes, please enter a brief description

Has your organization ever failed to complete any awarded work? Yes No
Has your organization had any judgements placed against them in the last 3 years? Yes No
Has your organization ever had their business license revoked or suspended? Yes No
Has your organization ever been terminated from a contract? Yes No
Has your organization ever paid any liquidated damages? Yes No
Has your organization ever been placed in default of a contract? Yes No
Has your organization ever had any labor law, EEOC or any other labor agency violation or citation issued? Yes No
Are any officers or principals of your organization individually involved in any legal proceedings or suits? Yes No
Has your organization ever filed a lawsuit in regards to a performance and/or payment matter either with another Subcontractor, General Contractor or Owner within the last five years? Yes No
Has any officer or principal of your organization ever been an officer or principal of another organization that failed to complete, was terminated or placed in default of an awarded contract? Yes No

Trade References

Once you submit, a confirmation page will be automatically generated.

Print Submit