



# Subcontractor Prequalification Instructions



# Table of Contents:

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1. General Information.....	3
2. Finding the Questionnaire.....	3
3. Questionnaire Instructions.....	3
a. Page 1 - Company Information.....	4
b. Page 2 - General Information.....	5
c. Page 3 - Insurance and Safety.....	6
d. Page 4 - Surety and Financial Information.....	7
e. Page 5 - Financial, Litigation, and References.....	8
f. Page 6 - Document Upload.....	8
g. Page 7 - Review.....	9



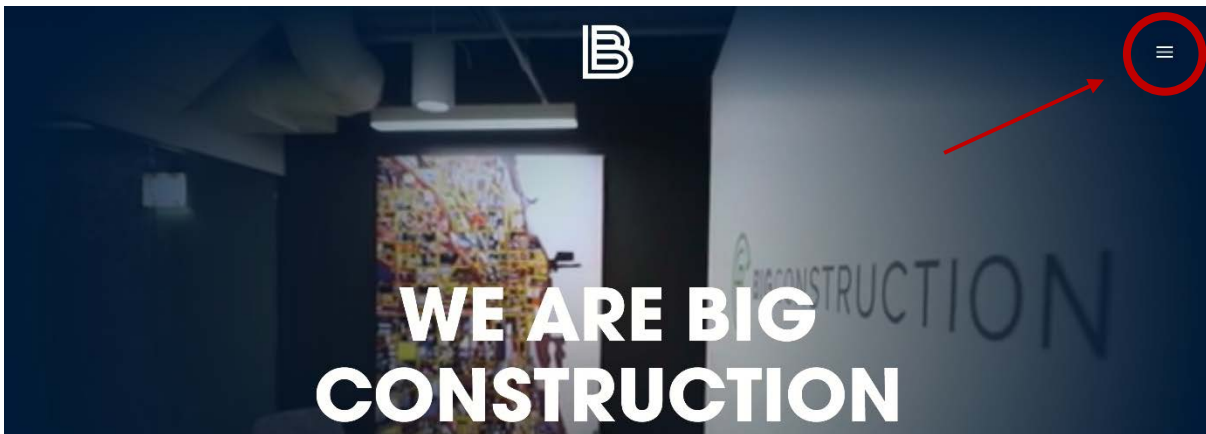
## 1. General Information:

The following instructions are for new trade partners completing the Subcontractor Prequalification Questionnaire found on BIG's website. Save after completion of each page in case the page times out or you need to come back to complete the questionnaire. After submitting the application, you will not be able to edit or make any changes, but there will be a chance to review before submitting.

Please direct all questions about the questionnaire to [rnoyola@buildbig.com](mailto:rnoyola@buildbig.com)

## 2. Questionnaire Location

The questionnaire can be found on BIG's website [www.buildbig.com](http://www.buildbig.com). Upon entering the site, go to **Contact**, found in the menu located in the upper right-hand corner.



The link to the questionnaire "SUBCONTRACTOR PREQUALIFICATION" is located at the center of the Contact page, as shown circled in red below.





### 3. Questionnaire Instructions

To begin the questionnaire, enter your companies Federal Tax ID, please ensure that it is entered correctly.

Please Enter your Federal Tax ID:  
xx-xxxxxxx  
OK Cancel

After entering the Federal Tax ID, you will be prompted for a password. This can be used in combination with your ID to return and complete an incomplete questionnaire. Please note the password is case sensitive.

If you are a new vendor applying for prequalification, please set your password here. If you are renewing your prequalification, a new password has been sent to the e-mail account linked to your firm, please enter the "Use password" to proceed with accessing your account.  
Password:   
Confirm:   
OK Cancel

#### Page 1

The first page requires general information about your company's location and contact information, please note all fields marked by an asterisk (\*) are required.

### Subcontractor Prequalification Questionnaire

All responses to this questionnaire are strictly confidential. Required fields are marked with a \*.  
If you have any questions, please contact our Prequalification Department manager via e-mail at [mroyola@buildBIG.com](mailto:mroyola@buildBIG.com)

**Company Headquarters Information**

Federal Tax ID: *	xx-xxxxxxx	Year Company Founded *	2000
Company Name: *	ABC Construction	Contact *	John Smith
Also Known As		Phone *	555-555-5555
Legal Name		Toll Free	
Address: *	123 Chicago	Fax	
Suite:		E-mail *	example@construction.com
City: *	Chicago		
State *	Illinois		
Zip *	80807		
Website			

**Branch Offices:** (Enter all your branch office(s) and bid contact names) [Add Row](#)

**Indicate what region your company does work in: \***

<input type="checkbox"/> Select All Regions	<input type="checkbox"/> Idaho	<input type="checkbox"/> New Mexico
<input type="checkbox"/> Alaska	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Nevada
<input type="checkbox"/> Alabama	<input type="checkbox"/> Indiana	<input type="checkbox"/> New York
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Kansas	<input type="checkbox"/> Ohio
<input type="checkbox"/> Arizona		

Click **Next** to continue onto the next page.



**General Information**

**License Information:** Enter your company's contractors license information

Authority*	Class	License Number	Date Expire	
Illinois		ECC00000	01/01/2021	<a href="#">Remove Row</a> <a href="#">Add Row</a>

Minority Business Enterprise Status:

Disability Owned Business Enterprise     Minority Owned Business Enterprise     Privately Owned Enterprise

Publicly Owned Enterprise     Small Business Enterprise     Veteran Owned Business Enterprise

Woman Owned Business Enterprise     Other

Is your firm signatory to any unions?  Yes  No


**Trade Information:\***

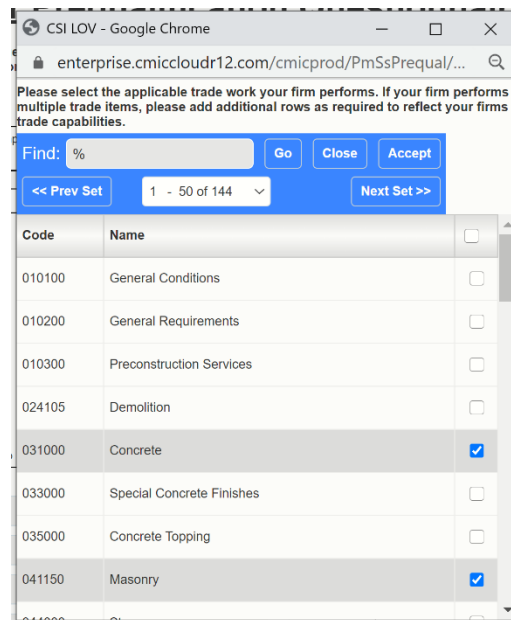
.261000 - Electrical	<a href="#">Remove Row</a> <a href="#">Add Row</a>
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**Certifying Agency Names:**

[Save Draft](#) | [Previous](#) | Page 2 of 7 | [Next](#)

Enter all fields accordingly, please note fields indicated by an asterisk (\*) are required.

- For **License Information**, click on **Add Row** for each additional license.
- If your firm is signatory to any unions, check **yes** in the corresponding box, if not then select **no**.
- In the **Trade Information** section, click on the search symbol  to open a new window and search for your trade.



- o Select all that apply. Once your selections are made, click on **Accept** to save and close out the window.



**Trade Information:\***

261000 - Electrical Remove Row **Add Row**

- After closing the window and you wish to add more, select **Add Row**.

If your firm has minority business status, please select the appropriate boxes that apply.

Before continuing to the next page, click **Save Draft** to save your progress.

### Page 3

Before completing the Insurance Information, please review BIG’s Insurance Requirements linked in the questionnaire as **BIG Prequalification Documents**.

**Insurance Information**

**NOTE:** To review the Insurance requirements for BIG Construction, LLC, click the link [BIG Prequalification Documents](#). If you have checked "No", then please check from the list below, the Insurance Requirements you DO NOT MEET.

Insurance Broker Name: \* Insurance Company GL Expiration Date: \* 01/01/2021

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.
- Other

Insurance Comments:

- If you do not fully meet all the insurance requirements and check **No**, please elaborate on which requirements you **do not meet**.

Next, complete the **Safety Information** portion, you will need to attach your OSHA 300A form on a later page.

**Safety Information (OSHA Form 300A Must Be Attached)**

Does your company have a written field based safety program?  Yes  No  
 Does your company have a substance abuse policy?  Yes  No  
 Do you hold site safety meetings?  Yes  No How Often? Monthly  
 Do you conduct project site safety inspections?  Yes  No How Often? Monthly  
 Who follows up on these Inspections? John Smith

Safety Manager Name: John Smith  
 Safety Manager Phone: 555-555-5555  
 Safety Manager Email: example@construction.com

Year *	Citations*	EMR*	RIR*	LTIR*	FWH*	ANE*	Fatalities*
2019	0	0.97	0	0	0	0	0
2018	1	0.96	0	0	0	0	0
2017	0	0.97	0	0	0	0	0

**Add Row**

Before continuing to the next page, click **Save Draft** to save your progress.



## Page 4

Complete the **Surety Information** section, if you answer **yes** to the first question, please fill out all the following information in the section.

Surety Information		Bonding Rates Per \$1,000
Is your Company Bondable?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surety Company	<input type="text" value="Surety Company"/>	
Broker Name	<input type="text" value="Broker Name"/>	
Phone	<input type="text" value="555-555-5555"/>	
Broker Email Address	<input type="text" value="example@broker.com"/>	
Single Project Bonding Capacity	<input type="text" value="1,000,000.00"/>	
Aggregate Project Bonding Capacity	<input type="text" value="2,000,000.00"/>	
Current amount under bond today	<input type="text" value="0.00"/>	

Complete the **Financial Information** with your most recent set of financial statements. You will be required to attach a copy of your financial statements on a later page of the questionnaire.

Financial Information											
Are you interested in bidding work greater than \$50,000?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
Financial Year Ending:	2019 <a href="#">Add Year</a>										
Legal Entity Type *	C Corporation										
Year Company Founded	2000										
Fiscal Year End Date *	Jan 1										
Is Submitting Parent Company Financials	<input checked="" type="checkbox"/>										
Subsidiary Names:	<table border="1"><tr><td>1.</td><td><input type="text"/></td></tr><tr><td>2.</td><td><input type="text"/></td></tr><tr><td>3.</td><td><input type="text"/></td></tr><tr><td>4.</td><td><input type="text"/></td></tr><tr><td>5.</td><td><input type="text"/></td></tr></table>	1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>	4.	<input type="text"/>	5.	<input type="text"/>
1.	<input type="text"/>										
2.	<input type="text"/>										
3.	<input type="text"/>										
4.	<input type="text"/>										
5.	<input type="text"/>										
Parent Organization	<input type="text"/>										
Do you have D&B Number? *	<input checked="" type="checkbox"/> No Number <input type="text"/> D&B Paydex No: <input type="text"/>										
Has Your Firm Ever Filed Bankruptcy?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Previous Company Names:	<table border="1"><tr><td>1.</td><td><input type="text"/></td></tr><tr><td>2.</td><td><input type="text"/></td></tr><tr><td>3.</td><td><input type="text"/></td></tr><tr><td>4.</td><td><input type="text"/></td></tr><tr><td>5.</td><td><input type="text"/></td></tr></table>	1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>	4.	<input type="text"/>	5.	<input type="text"/>
1.	<input type="text"/>										
2.	<input type="text"/>										
3.	<input type="text"/>										
4.	<input type="text"/>										
5.	<input type="text"/>										
If Yes, explain:	<input type="text"/>										
Financial information must be attached. Please upload a copy of your current financials at the last section of this questionnaire and select the financial statement box. This information will be held in strict confidence for the purpose of Subcontractor Qualification only.											
Income Statements											
Net Sales	<input type="text" value="0"/>										
Cost Of Sales	<input type="text" value="0"/>										
Gross Profit Margin	<input type="text" value="0"/>										
Payroll / General Administrative	<input type="text" value="0"/>										

At the bottom of the page, please enter your **Company Officers**. If you wish to add more than one, click on **Add Row**.

Company Officers: *		
Company Officer Name	Title	Action
<input type="text" value="John Smith"/>	<input type="text" value="President"/>	<a href="#">Remove Row</a> <a href="#">Add Row</a>



## Page 5

Continue to page 5 to complete the rest of the **Financial Information** section.

Financial Information	
Enter information for a contact in your company who can answer specific questions about your Financials:	
Contact Name: * Jane Smith	Phone: * 555-555-5555
Title/Position: * Controller	E-mail: * example@construction.com
Bank Reference:	
Name of Bank: * Bank A	Phone: * 555-555-5555
Contact Name: * Mary Johnson	E-mail: * example@bank.com
Title/Position: * President	

Complete the **Litigation Information**, if you answer yes to any of the questions please elaborate with a brief description.

Litigation Information		If yes, please enter a brief description
Any current litigation with Owners or General Contractors? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any judgements against in the last 3 years? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any Principals of your company in litigation? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any paid liquidated damages? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any labor law violations? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever defaulted on a contract? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Ever failed to complete a contract? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever been terminated from a contract? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever had your license revoked or suspended? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Finally, complete the **References Section**. If you would like to add more than 3 references, select **Add Row**.

Company Name: * Reference 3	Contact Name: * Reference 3 Name	Remove Row
Address: * 123 Chicago	E-mail: * example@gmail.com	
City: * Chicago	State: * IL	Add Row
Zip: * 60607	Phone: * 555-555-5555	

## Page 6

Read the **Attachment Instructions** at the beginning of the page carefully.

Attach all 10 documents with the correct labeling for each category found in the instructions – ex. [Company Name] – Bonding Docs

- For the Financial Documents, check the box **Financial Attachment** to ensure confidentiality of your information.

Description: * ABC Construction - Financials Docs.pdf	File: * Choose File   ABC Constr...ls Docs.pdf	Financial Attachment: <input checked="" type="checkbox"/> Remove Row
	ABC Construction - Financials Docs.pdf	

Please note you will not be able to submit your application without the required attachments.





## Page 7

On the final page you will have a chance to review all your information to ensure it is correct. If you need to make any corrections, please go back and do so before submitting the document.

- If you wish to obtain a copy of your questionnaire for your records, please print the page before submitting. The **Print** and **Submit** buttons can be found at the bottom of the page after references.
- Once the questionnaire is submitted you will not be able to go back and edit any information.

**Please note that after you hit Submit you should receive a confirmation page. If you no do, please contact our Prequalification Department manager Rosio Noyola for further assistance via e-mail at [rnoyola@buildbig.com](mailto:rnoyola@buildbig.com).**

Submitted By *	John Smith
Title	President