



SUBCONTRACTOR & SUPPLIER PREQUALIFICATION FORM

Business Information			
Company:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:		
Emergency:	Web:		
Business Type (Please circle):			
Corp S or C (specify)	Partnership	Sole Proprietorship	
Contact Information			
Officers or Principals			
Title:	Title:		
Phone:	Phone:		
Email:	Email:		
Project Managers/Estimators			
Title:	Title:		
Phone:	Phone:		
Email:	Email:		
Professional References			
Company:	Contact:	Title:	Phone:
Recently Completed Projects			
Project:	Value:	Contact:	Phone:
EMR/Workman's Comp for the last three years			
Year/modifier:	Year/modifier:	Year/modifier	



Safety

1. Does your Company have a written safety program? Yes ☐ No ☐
2. Does your Company have a Safety Director? Yes ☐ No ☐
3. Does your Company have a new hire program? Yes ☐ No ☐
4. Does your Company have a drug policy? Yes ☐ No ☐
5. You will be required to comply with the VBA "Construction Site and Safety Policy." Please acknowledge that have you received a copy of this. Yes ☐ No ☐
6. Has your Company been cited by OSHA in the last three years? Yes ☐ No ☐
If yes, please provide details below.

Comments:

Insurance

VBA will require a copy of your Certificate of Insurance. Please provide a sample with this application. Before a subcontract is awarded, you will be required to meet or exceed the limits of insurance as defined by the specific project and name Votze Butler Associates, Inc. as additionally insured.

Release

As an authorized representative of the firm listed in this document, the above questions have been answered truthfully and hereby authorize Votze Butler Associates, Inc. to obtain the necessary information to validate the above statements.

Name:

Title:

Phone:

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Signature