



# HANNIG CONSTRUCTION INC

## SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION QUESTIONNAIRE

PLEASE SUBMIT FORM BY E-MAIL OR FAX TO: Lisa Trusler  
ltrusler@hannigconstruction.com  
e-mail@hannigconstruction.com  
Fax 812.235.1218

### INFORMATION

DATE: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS (if different from mailing): \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

### ORGANIZATION - SECTION 1

1.1 How many years has your organization been in business as a Contractor? \_\_\_\_\_ Years

Date of Organization/Incorporation: \_\_\_\_\_ Years

1.2 How many years has your organization been in business under its present business? \_\_\_\_\_

1.3 Has your organization operated under any other name(s)? (If yes, please explain)

No

Yes \_\_\_\_\_

1.4 How are you organized?

Corporation

Partnership

Sole Proprietorship

Other (explain): \_\_\_\_\_

1.5 If Corporation, State incorporated in: \_\_\_\_\_

1.6 List Officers/Partners/Owners

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## LICENSES - SECTION 2

2.1 List licenses and registrations held by your organization:

Type of License: \_\_\_\_\_

Type of License: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Type of License: \_\_\_\_\_

Type of License: \_\_\_\_\_

State: \_\_\_\_\_

State: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

## CSI CODES (CONSTRUCTION SPECIFICATIONS INSTITUTE) - SECTION 3

3.1 List the categories of work that your organization normally performs with its own forces.

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3.2 Do you employ union trade labor?  Yes  No

3.2.1 If yes, what union local's are your signatory to? (Please list)

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3.3 Claims and Suits (If the answer to any of the questions in 3.3 is Yes, **please attach details.**)

3.3.1 Has your organization ever failed to complete any work awarded to it?

Yes  No

3.3.2 Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

Yes  No

3.3.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

Yes  No

3.4 Within the last five years, has any Officer or Principal of your organization ever been an Officer or Principal of another organization when it failed to complete a construction contract? (If the answer is Yes, please attach details.)

Yes  No



3.5 On a separate sheet of paper please list major construction projects your organization has contracted during the past five (5) years, include the name of the project, Owner, Architect, contract amount, date of completion (or percent complete and scheduled completion date for work in progress) and percentage of the cost of the work performed with your own forces.

3.5.1 Total value of work in progress: \_\_\_\_\_ Dollars

3.5.2 Total value of work under contract \_\_\_\_\_ Dollars

3.5.3 Average annual amount of construction work performed during the past five years: \_\_\_\_\_ Dollars per Year

3.6 List key individuals of your organization:

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Yrs. Experience: \_\_\_\_\_ Yrs. Experience: \_\_\_\_\_

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Yrs. Experience: \_\_\_\_\_ Yrs. Experience: \_\_\_\_\_

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Yrs. Experience: \_\_\_\_\_ Yrs. Experience: \_\_\_\_\_

## REFERENCES - SECTION 4

4.1 Trade References (2):

#1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address : \_\_\_\_\_

#2 Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address : \_\_\_\_\_

4.2 Bank Reference:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address : \_\_\_\_\_

4.3 Surety (Certificate of Liability Insurance):

Name of Surety: \_\_\_\_\_  
Name of Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address : \_\_\_\_\_

## FINANCIAL - SECTION 5

5.1 Do you provide data to Dun & Bradstreet?

Yes  No DUNS# \_\_\_\_\_

5.2 If you do not provide data to D&B, please attach a Financial Statement, preferably audited, including your organization's latest balance sheet and income statement.

5.3 Is the attached financial statement for the identical organization named on page one?

If not, explain the relationship and financial responsibility of the organization  
financial statement is provided (e.g., parent-subsiary.)

Yes  No

5.4 Will the organization whose financial statement is attached act a guarantor of the contract for construction?

Yes  No

## SAFETY - SECTION 6

6.1 Do you have a written Safety Program?

Yes     No

6.2 How many direct-hired employees (Office and Field) do you have? \_\_\_\_\_

6.3 What is your OSHA recordable rate for the past three years?

(20\_\_\_\_)                      (20\_\_\_\_)                      (20\_\_\_\_)

6.4 What is your lost time experience rate for the past three years?

(20\_\_\_\_)                      (20\_\_\_\_)                      (20\_\_\_\_)

6.5 What is your Experience Modification Ratio (EMR) for the past three years?

(20\_\_\_\_)                      (20\_\_\_\_)                      (20\_\_\_\_)

6.6 Do you have full time safety personnel?

Yes     No

6.7 What is your policy for placing safety personnel on a job site?

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6.8 What safety training do you provide your employees?

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6.9 Who is your Safety contact? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

NOTE: Please provide with this form a signed copy of your OSHA 300 A Log for each year indicated above (signed by an Officer of the Company) and a letter from your Worker's Compensation Insurance carrier validating your EMR rates.

## BUSINESS SIZE AND CLASSIFICATION - SECTION 7

Is your organization certified by the Small Business Administration (SBA) or any other federal, state, or local government agency in any of the following categories?  
Please mark all that apply.

Small Business

Yes     No     SBA     Other Agency

Small Disadvantaged Business

Yes     No     SBA     Other Agency

Woman Owned Small Business

Yes     No     SBA     Other Agency



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MBE

Yes     No     SBA     Other Agency

Veteran Owned Small Business

Yes     No     SBA     Other Agency

Service Disabled Veteran Owned Small Business

Yes     No     SBA     Other Agency

Other Category: \_\_\_\_\_

The undersigned warrants and represents that all statements are true and correct and hereby authorizes verification of the information through all available means including, but not limited to, obtaining a consumer credit report on existing businesses, Owner/Officers and other reports as maintained by the City, County, State and Federal Law Enforcement Agencies. Applicant understands that this is a Pre-Qualification Questionnaire and does not constitute an awarding of a job in whole or in part.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE FILL OUT THIS QUESTIONNAIRE IN ITS ENTIRETY & SUBMIT  
ALONG WITH THE REQUIRED INFORMATION**

**CHECKLIST OF REQUIRED DOCUMENTATION**

- Certificate of Liability Insurance**
- Financial Statement if no Dun & Bradstreet #**
- OSHA Logs for the Last three (3) years**
- EMR (Experience Modification Ratio) Verification**



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