



**Subcontractor / Vendor Pre-qualification**

It is the policy of Moyle Construction to pre-qualify our subcontractors prior to bidding on any of our projects. You will be required to pre-qualify annually to be able to continue bidding on work. Moyle Construction may request that this form be completed on a specific basis rather than just annually if the scope or size of the project is greater than the subcontractor's historical average amount.

All financial information collected will be kept confidential.

**Project Name** \_\_\_\_\_  
(If applicable)

**General Information**  
Legal Name of Firm: \_\_\_\_\_

DBA: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Your business is:      Sole Proprietorship                  Partnership  
   Corporation                                  LLC

If incorporated, please provide date and state of incorporation:  
\_\_\_\_\_

**Provide the names and titles of your firm's principal contacts**

Principal Contact \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

Estimating Contact \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_



**Safety**

Do you have a written safety plan that satisfies MIOSHA/OSHA requirements?

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

Do you have a designated Safety Officer?

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

If yes, Name: \_\_\_\_\_ Phone \_\_\_\_\_

Have you been cited by MIOSHA within previous three years and this year to date?

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

If yes, please attach on a separate page an explanation of the rules violation.

Please provide the last three years' totals for Columns G, H, I, J, K, and L from the MIOSHA or OSHA 300 form.

Year \_\_\_\_\_ Total \_\_\_\_\_

Year \_\_\_\_\_ Total \_\_\_\_\_

Year \_\_\_\_\_ Total \_\_\_\_\_

Moyle Construction may require additional information regarding your company's safety history and record upon review of the information provided herein.

**Geographical Work Area, Minority Certification, and Capabilities**

List the states in which you are licensed to perform work:

\_\_\_\_\_

List categories of work you are qualified to perform with your own personnel

\_\_\_\_\_

\_\_\_\_\_

List categories of work you normally subcontract to others

\_\_\_\_\_

\_\_\_\_\_



Minority Certification	MBE	Yes _____	No _____
	WBE	Yes _____	No _____
	Small Business	Yes _____	No _____
	Small Disadvantaged Business	Yes _____	No _____
	Disabled Veteran Owned Business	Yes _____	No _____
	Hub-Zone Business	Yes _____	No _____

**References**

List the three largest projects you have worked on in the last three years:

1. Project Name: \_\_\_\_\_

Contract Value: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Project Name: \_\_\_\_\_

Contract Value: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Project Name: \_\_\_\_\_

Contract Value: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List any major projects you have worked on with Moyle Construction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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List three major General Contractors you have worked with in the last three years:

1. Company Names: \_\_\_\_\_

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

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

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

2. Company Names: \_\_\_\_\_

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

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

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

3. Company Names: \_\_\_\_\_

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

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

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

List three major Suppliers:

1. Company Names: \_\_\_\_\_

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

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

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

2. Company Names: \_\_\_\_\_

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

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

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

3. Company Names: \_\_\_\_\_

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

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

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



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**Financial Information**

Name of Your Primary Bank: \_\_\_\_\_

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

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

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

Are any of your payable accounts 90 days past due with your material suppliers or subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a separate sheet detailing the amounts and the reason for the past due accounts.

Has your company, owners, and/or principals been involved in any form of bankruptcy proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a separate sheet detailing the circumstances surrounding this situation.

Have you been involved in any litigation within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a separate sheet detailing each case and the outcome.

**Bonding Capacity**

What is your bonding capacity?

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

Who is your bonding company?

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

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

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

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

**Additional Attachments**

In order for pre-qualification to be accepted, please attach the following items

- A copy of your standard insurance certificate listing all insurance coverage types and limits
- A letter from your insurance agent illustrating your current and past three (3) years Workers' Compensation Experience Modification Rating and what your current minimum MOD for your job code is.



**MOYLE  
CONSTRUCTION**

46702 M-26 PO Box 399  
Houghton MI 49931  
P (906) 482-3000 F (906) 482-3087

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**Please complete pre-qualification in its entirety and return to Moyle Construction.**

Mail  
Moyle Construction  
Attn: Estimating  
46702 Hwy M-26  
PO Box 399  
Houghton, MI 49931

Email  
[bidroom@moyleusa.com](mailto:bidroom@moyleusa.com)  
Fax  
(906) 483-3505

Moyle Construction reserves the right to reject any subcontractor or supplier based upon review of the enclosed information and any additional information requested. Moyle Construction is an equal opportunity employer.

Completed by

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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