



**HAJV USE ONLY**

Reviewed By: \_\_\_\_\_

**Subcontractor/Supplier  
Prequalification Questionnaire**

**If this form is not filled out in its entirety, you may not be considered as a potential subcontractor or supplier**

**Company Name** \_\_\_\_\_ **Federal ID #** \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Estimating Contact: Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Other Contact: Name \_\_\_\_\_ Title \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Years Company has been in operation? \_\_\_\_\_ Dun & Bradstreet #? \_\_\_\_\_ If yes, Rating? \_\_\_\_\_ Union, Non-Union? \_\_\_\_\_

**Does your company operate under any other names? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If so please list:**  
\_\_\_\_\_

**What work does your company perform or what materials can your company supply?** \_\_\_\_\_  
\_\_\_\_\_

**Check the size of Subcontract or Purchase Order your company typically performs:**  
Less than \$100,000 \_\_\_\_\_ \$100,000 to \$500,000 \_\_\_\_\_ \$500,000 to \$1,500,000 \_\_\_\_\_ Over \$1,500,000 \_\_\_\_\_

**Annual revenue for the last two years: 2012: \$** \_\_\_\_\_ **2013 \$** \_\_\_\_\_

**Name officer(s) of your company:**  
Name \_\_\_\_\_ Title \_\_\_\_\_

<b>Trade Professional Licenses:</b>	<b>Can your company:</b>	<b>Yes</b>	<b>No</b>
Type of License _____ State _____ License # _____	Furnish a Payment & Performance Bond?	_____	_____
Type of License _____ State _____ License # _____	Furnish Material Only?	_____	_____
Type of License _____ State _____ License # _____	Furnish Labor Only?	_____	_____
Has any license ever been denied or revoked?: _____	Furnish Material and Labor?	_____	_____
Describe: _____			

**Is your company affiliated with any other company? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

**Who is your surety company?** \_\_\_\_\_ **Percent of work bonded:** \_\_\_\_\_

**Bonding capacity for a single job?** \_\_\_\_\_ **Aggregate Bonding Capacity?** \_\_\_\_\_

Aviation Experience:Yes\_\_ No\_\_ Size(\$) \_\_\_\_\_ City of Phoenix Experience:Yes\_\_ No\_\_ Size(\$) \_\_\_\_\_

List of Projects with Hunt: \_\_\_\_\_ List of Projects with Austin: \_\_\_\_\_

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

**List your company's current insurance limits:**

General Liability: \_\_\_\_\_ Occ. \_\_\_\_\_ Agg. Auto Liability: \_\_\_\_\_ Occ. \_\_\_\_\_ Agg.

Excess Liability: \_\_\_\_\_ Occ. \_\_\_\_\_ Agg. Workmen's Compensation(Statutory): Yes \_\_\_\_\_ No \_\_\_\_\_

**Provide the following rates for your company for the past three years (including current year):**

Year	EMR	Lost-Time Rate*	Recordable Rate**	# of OSHA Citations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Lost-Time Rate = # of lost time work related injuries/yr. x 200,000 / # of man hours worked/yr. \*\*Recordable Injury Rate: # of work related injuries/yr. x 200,000 / # of man hours worked/yr.

Describe your OSHA Citations (if applicable): \_\_\_\_\_

**DOES YOUR FIRM QUALIFY AS AN SBE FIRM WITH THE CITY OF PHOENIX: Y \_\_\_ N \_\_\_**

If YES, Certification Expiration date: \_\_\_\_\_ (Please attach copy of certificate.)

Commodity Codes: \_\_\_\_\_

**Please attach hereto the following:**

- Current work in progress schedule / backlog.
- Supplier/Trade References.
- A description of the three largest jobs completed in the last 5 years.

We certify that all information in this questionnaire and the attachments is true and correct. We hereby authorize HUNT Austin, a Joint Venture and its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein. We authorize our financial institutions, prior and existing sureties, customers, creditors and suppliers to release credit history and other underwriting/qualification information.

**Submitted by:**

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

Date \_\_\_\_\_ Completely filled out form: Yes / No

**PLEASE EMAIL COMPLETED FORM, PLUS A COPY OF INSURANCE AND CERTIFICATION CERTIFICATES TO:**

email to : [HJVsubs@huntaustinjv.com](mailto:HJVsubs@huntaustinjv.com)

HUNT AUSTIN a JOINT VENTURE  
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