



SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors and suppliers are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for Pacific Rim. Return completed form to: Suite 308 Baltej Pavilion, 415 Chalan San Antonio, Tamuning, 96913, Guam or via email to marketing@pacificrimco.net.

PLEASE NOTE: This form must be filled out completely. Missing information may result in disqualification of consideration.

Application Date: _____

BACKGROUND

Company Name:	
Street Address:	
City, State:	Zip Code:
Telephone Number:	Website:
UEI Number:	CAGE Code:
Principal Contact:	Title:
Email Address:	Contact Number:
Total Number of Employees:	Total Number of Field Employees:
Has ownership changed in the last three years? (If yes, please explain.)	

Please provide answers to the following questions and attach explanations where necessary:	Yes	No
Has your firm ever been debarred, suspended, or proposed for debarment by a public agency?		
Has an officer of your firm ever been debarred, suspended, or proposed for debarment by a public agency?		
Are there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?		
Has your firm ever filed bankruptcy?		
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?		



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Please provide answers to the following questions and attach explanations where necessary:	Yes	No
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.		

Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including any unsettled litigation or arbitration.

Qualified Small Business? Check all that applies and provide a copy of certification.

SB	SDVOSB	HUBZone	SDB	WOSB	VOSB	8A
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Provide a list of licenses currently held by the firm, including issuing agency and license number:

License:	License #:	Agency:
License:	License #:	Agency:
License:	License #:	Agency:
License:	License #:	Agency:
License:	License #:	Agency:

Identify which scopes of work your company has self-performed or desiring prequalification (check all that applies).

Division 03 - Concrete	Division 14 - Conveying Equipment
Division 04 - Masonry	Division 21 - Fire Suppression
Division 05 - Metals	Division 22 - Plumbing
Division 06 - Woods, Plastics, and Composites	Division 23 - Heating, Ventilating, and Air conditioning
Division 07 - Thermal and Moisture Protection	Division 25 - Integrated Automation
Division 08 - Openings	Division 26 - Electrical
Division 09 - Finishes	Division 27 - Communications
Division 10 - Specialties	Division 28 - Electronic Safety and Security
Division 11 - Equipment	Division 31 - Earthwork
Division 12 - Furnishings	Division 32 - Exterior Improvements
Division 13 - Special Construction	Division 33 - Utilities



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Identify which scopes of work your company has self-performed or desiring prequalification (check all that applies).	
Division 34 - Transportation	Division 44 - Pollution and Waste Control Equip
Division 35 - Waterway and Marine Construction	Division 45 - Industry-Specific Manufacturing Equip
Division 40 - Process Interconnections	Division 45 - Water and Wastewater Equipment
Division 41 - Material Processing & Handling Equip	Division 48 - Electrical Power Generation
Division 42 - Process Heating, Cooling, & Drying	
Division 43 - Process Gas and Liquid Handling, Purification, and Storage Equipment	

SAFETY

List your Company's # of Injuries/Illnesses from your OSHA 300 Logs as follows:	Last Year	1st Year Prior	2nd Year Prior
Days Away Restricted or Transferred (DART) Rate			
Total Recordable Case (TRC) Rate			
Total # of Fatalities. (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents. (Total of Columns H, I, & J on the OSHA 300 Log)			
Total # of Lost Work Day Incidents. (Column H on the OSHA 300 Log)			
Total # of other recordable cases. (Column J on the OSHA 300 Log)			
Total # of Annual Man-Hours Worked.			

Please check if your Company implements the following safety controls:	Yes	No
Has a Written Safety Program.		
Has an Implemented Drug Screening Policy for all Employees.		
Performs Safety Orientation & Training for all Employees.		
Performs Continuing Safety Education for all Employees.		

Safety/Health Professional Contact:	
Name:	Title
Contact Number:	Email Address:



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PAST PERFORMANCE

For prequalification, please provide three projects of self-performed work completed during the past five years.

Project Title and Location:

Contract Value:

Start Date:

Completion Date:

Client Name:

Reference (Name, Title, Contact Number):

Project Description:

Description of Self-Performed Work:

Project Title and Location:

Contract Value:

Start Date:

Completion Date:

Client Name:

Reference (Name, Title, Contact Number):

Project Description:

Description of Self-Performed Work:



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Project Title and Location:		
Contract Value:	Start Date:	Completion Date:
Client Name:		
Reference (Name, Title, Contact Number):		
Project Description:		
Description of Self-Performed Work:		

Please answer the following questions:	Yes	No
Has your company ever performed work under a separate name? If yes, please provide company name:		
Have you ever defaulted on a project where the surety had to complete the job? If Yes, Please Explain:		

CYBERSECURITY

Please answer the following questions:	Yes	No
In the past three years, have your company completed a Basic NIST SP 800-171 DoD Assessment?		
Have you submitted your basic assessment to DoD's Supplier Performance Risk System (SPRS)?		
Please provide a confirmation document of the submitted Basic NIST SP 800-171 DoD Assessment.		



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INSURANCE COVERAGE

INCLUDE EVIDENCE OF THE PROPOSER’S ABILITY TO PROVIDE THE FOLLOWING MINIMUM INSURANCE COVERAGE: COMMERCIAL GENERAL LIABILITY

Providing CGL Insurance covering bodily injury, including death, personal injury, property damage, work performed on your behalf by others, and contractual liability. The Subcontractor shall maintain the products / completed operations coverage required in full force and effect until the statute of limitation or statute of repose, whichever is longer, applicable to the Subcontractor’s work has lapsed. Minimum limits of liability provided by this coverage shall be:

- General Aggregate..... \$2,000,000.00
- Products/Completed Operations Aggregate \$2,000,000.00
- Personal & Advertising Injury \$1,000,000.00
- Each Occurrence \$1,000,000.00
- Fire Damage (any one fire) \$50,000.00
- Medical Expense..... \$2,000.0

WORKER’S COMPENSATION

Providing Workers’ Compensation for protection of the Subcontractor’s owners, partners and employees. At a minimum, such coverage shall include the benefits and limits designated in the applicable states’ Workers’ Compensation law, and shall include Employer’s Liability Insurance with the following minimum limits:

- Each Accident..... \$1,000,000.00
- Each Occupational Disease \$1,000,000.00
- Occupational Disease – Aggregate..... \$1,000,000.00

AUTOMOBILE LIABILITY

Automobile Liability Insurance covering the use, operation and maintenance of any automobiles, trucks, trailers, or other vehicles owned, hired, or non-owned by Subcontractor providing bodily injury, including death, and property damage coverage. Minimum limits of liability provided by this coverage shall be a combined single limit of \$1,000,000.00. If the proposing entity is currently unable to provide the necessary Insurance, submit a statement indicating so. During the prequalification and bidding process, Pacific Rim will be providing assistance to subcontractors and suppliers to establish the necessary insurance limits as a part of its outreach efforts.

BONDING CAPACITY

It is Pacific Rim policy that all subcontracted scopes of work totaling \$50,000 or greater require Payment and Performance Bonds and all purchase agreements in excess of \$50,000 will require Supply Bonds.

For subcontractors able to meet the bonding requirements:

Dated within the last 30 days, please provide a letter from your surety stating your single project bonding capacity and aggregate bonding capacity.



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BONDING CAPACITY

For subcontractors NOT able to meet the bonding requirements:

If the proposing entity is currently unable to bond, submit a statement indicating so. During the prequalification and bidding process, Pacific Rim will be providing assistance to subcontractors and suppliers to establish bonding as a part of its outreach efforts.

PLEASE PROVIDE THE FOLLOWING:

- Third party prepared financial statements (audit, review, or compilation) from your last fiscal year end that include dated letter from CPA firm, balance sheet, and income statement. Also, an internal balance sheet and income statement for most recent month end. Both are required if prequalifying.

OR

- In lieu of third party financials, we will accept a CPA prepared federal tax return accompanied by an internally prepared balance sheet and income statement for the same period. Only forms 1120, 1120S, and 1065 are accepted (just send the first 5-6 pages that include schedules L and M-1). A Non-Disclosure Agreement can be signed by Pacific Rim.
- In addition to tax returns, please include the year end internal balance sheet and profit and loss sheet.

And

- Line of Credit bank statement (dated within the last 30 days) that includes name of bank, total amount of line, and current amount accessed against the line.

REFERENCES

Company Name	Contact	Phone Number
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number
Company Name	Contact	Phone Number



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CERTIFICATION

I hereby certify that the information submitted herein, including any attachments is true and sufficiently complete so as not to be misleading.

_____ Signature

Completed By (Name)

_____ Date

Title

Pacific Rim will use this documentation to pre-qualify contractors. Therefore, if you intend to continue to service our facilities, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work.

FOR OFFICIAL USE ONLY

Financial Review:	Date:
Safety/ Insurer Review:	Date:
Cybersecurity Review:	Date:
Is the Subcontractor Pre-Qualification Form complete with all required attachments?	Yes No
Comments:	