



Subcontractor Pre-Qualification Questionnaire

Company Name Year Established

Street Address City State Zip

Contact Name Phone Fax Email

Web Address DUNS Number CAGE Code

Please list any SBA Certifications/Size Designations/Socioeconomic Status i.e. 8(a), Small Business, HUBZone, DBE, etc.

Health and Safety / Quality

Does your company have a written Safety and Health Program Manual? Yes No
 If yes, please provide a copy of the Table of Contents.

Does your company have a written Quality Assurance Program Manual? Yes No
 If yes, please provide a copy of the Table of Contents.

Please provide the company's Experience Modification Rating (EMR) and OSHA Recordable Incident Rate for the last three years.

Year	EMR	OSHA Recordable Incident Rate

Insurance

General Liability Limit (Occ/Agg) / Workers Compensation Limit

Auto Liability Limit Professional Liability Limit

Umbrella Liability Limit Pollution Liability Limit

Please attach a sample certificate of insurance.

Name of Surety Company

Surety Contact Phone Email

Total Bonding Capacity Available Capacity Single Project Limit Bond Rate

Services, Experience, References

Please describe the types of services that your firm performs. Attach additional pages or materials, if needed.

Please provide areas/regions that your company performs work.

Please provide, on a separate page, 3-5 projects that demonstrate your firm's services, including client name, project title, project description, project location, contract value, start date, end date, client POC name, phone number and email address.

EMR, Inc. will use this document as part of its subcontractor pre-qualification and rating process.

By submitting this form, the signer represents that the information provided is complete and accurate as of the date of this submission.

Authorized Company Representative:

Name

Title

Date

Signature

Return Completed Form To:

Connie Johnson
EMR, Inc.
4566 Hwy 20 East, Suite 204
Niceville, FL 32578

OR

cjohnson@emr-inc.com