



Thank you for your interest in working with ENZO Building and Design, LLC. In order to enter you as a vendor we need the following information from you. Please provide all of the requested information and return this form to us at your earliest convenience.

ENZO BUILDING AND DESIGN, LLC **SUBCONTRACTOR PRE-QUALIFICATION APPLICATION**

Company Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Contact: _____

Phone: (_____) _____ - _____

Contact Email: _____

Fax: (_____) _____ - _____

Company's Legal Contact: _____

Phone: (_____) _____ - _____

Legal Contact Email: _____

Fax: (_____) _____ - _____

Company Structure

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

Date of Establishment: ____/____/____ State Where Established: _____

List of states/metro areas in which authorized to do work (please include license # if applicable):

OH (License: _____) KY (License: _____)

IN (License: _____) Other: _____

Number of Employees: Office: _____ Field: _____

Company Affiliates: _____

Company Profile

Type of Company:

- Subcontractor (Furnish & Install) Subcontractor (Install Only) Supplier (Materials Only)

Project Size: (Check all that apply)

- \$250,000 or below \$251,000– \$499,000 \$500,000 – \$999,999 \$1,000,000 or more

Types of Projects: (Check all that apply)

- Residential Commercial Industrial Institutional Other: _____

Geographic Work Areas:

Special Status: (Check all that apply)

- Certified Minority Business Enterprise Contractor (MBE)
 Certified Woman Business Enterprise Contractor (WBE)

Certified by: _____

Bonding & Insurance

Name of Insurance Agency: _____

Relationship Officer: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Name of Bonding Company: _____

A.M. Best Rating of Bonding Company: _____

Bonding Capacity Single Job: \$ _____

Bonding Capacity Aggregate: \$ _____

Please attach workers comp and general liability insurance certificates

What is your workers comp EMR (experience modification rate) for the last 3 years?

Year _____ EMR _____

Year _____ EMR _____

Year _____ EMR _____

Please attach copy of previous year's OSHA 300 form

Have you received any OSHA citations in the past 5 years?

Y N If yes, please provide details:

Have filed a lien on a project in the past 5 years?

Y N If yes, please provide details:

Have you been involved in a lawsuit in the past 5 years?

Y N If yes, please provide details:

Work in progress

Amount of work under contract: \$ _____

Amount of that work not yet completed: \$ _____

Subcontractors are subject to the following Minimum Insurance Requirements. Enzo Building and Design, LLC must be listed as an Additional Insured under each policy *AND WAIVER OF SUBROGATION CLAUSE IS ADDED. AGGREGATE LIMIT APPLIES PER PROJECT.*

Workers Compensation	\$1,000,000 (Each Occurrence)
General Liability	\$2,000,000
Product/Completed Operations	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage	\$50,000
Medical Expenses	\$5,000
Automobile Liability	\$1,000,000 (Combined Single Limit)
Excess Liability	\$1,000,000 (Each Occurrence)

Professional References:

Please list three contractors with whom you have worked for in the last year.

1. Name: _____ Contact: _____
Address: _____ Phone: (_____) _____ - _____
City: _____ State: _____ Fax: (_____) _____ - _____
Zip Code: _____ Email: _____

2. Name: _____ Contact: _____
 Address: _____ Phone: (_____) _____ - _____
 City: _____ State: _____ Fax: (_____) _____ - _____
 Zip Code: _____ Email: _____
3. Name: _____ Contact: _____
 Address: _____ Phone: (_____) _____ - _____
 City: _____ State: _____ Fax: (_____) _____ - _____
 Zip Code: _____ Email: _____

Please list three projects you have completed in the last year.

1. Project Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date Completed: _____
2. Project Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date Completed: _____
3. Project Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date Completed: _____

Credit Authorization

The submitter of this prequalification application authorizes Enzo Building and Design, LLC to contact any of the references given by submitter on this application and further authorizes each of those references to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? **Yes** **No**

Dunn & Bradstreet # _____

The submitter of this application represents and warrants that (i) all information set forth in this prequalification application is true, accurate, current, and complete; and (ii) the person signing this application has been duly authorized to execute this prequalification application.

Signature: _____ Date: _____

Please return this Subcontractor Pre-Qualification Application and accompanying attachments to Ilija Trajkovski at ilija@ENZObuilding.com