



Subcontractor Qualification Form

0206500_CP_11_06_en_A3.2

Please complete the following to the best of your ability to submit and be pre-approved to perform work for Centennial or its JV Partners. To review Centennial's standard Terms and Conditions and/or state-specific supplemental Terms and Conditions: <http://www.cce-inc.com/subcontracts/>.

Prequalification and/or evaluation of your firm cannot be completed without this information. Visit <http://www.cce-inc.com> to learn more about Centennial.

1. Company Information

Company Name *

Input company name as listed on current W-9 form.

Mailing Address *

City *

State *

Zip (9 Digits) *

To find your 9 digit zip code (the Zip +4) go to: <http://zip4.usps.com/zip4/welcom&jsR>

Contact Name *

Contact Title

Office Phone *

Cell Phone

Contact Email *

Fax Number

Bid Requests

Click box if bid request should be sent to someone different than the contact listed above.

Contractor's License Number

Federal Tax ID Number *

Primary Trade *

Secondary Trade

2. Organization Information

SIC/NAICS Code(s)

You can find your NAICS (North American Industry Classification System) code here: <http://www.census.gov/eos/www/naics/>

DUNS Number

If your firm does not have a DUNS Number, you may request one from Dun & Bradstreet, Inc. at <http://www.dnb.com/get-a-duns-number.html>

Organization Type

- Sole Proprietor LLC Partnership
 C-Corporation S-Corporation Joint Venture
 LLP

Number of Employees

Number of years in Business



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Annual Volume \$

Union(s) Affiliation - Name and Local Number

Apprentice Program Participant

3. Business Status

Please attach Certificate, as applicable, where indicated at the end of this form.

Business Status *

Select all that apply.

4. Bonding Information

Centennial may require a subcontractor to bond depending on the project requirements. A project with hazardous activities must be bonded.

Can company provide a bond?

 Yes No

5. HSEQ (Health, Safety, Environment, and Quality)

A Safety orientation must be scheduled with a Project Safety Manager prior to starting work on our project sites. This includes submitting a written Company Safety Program and Accident Prevention Plan (APP).

Company Safety Program *

Does your company have a Safety Program/Accident Prevention Plan (APP) in place?

Has your company been cited by OSHA/State for a safety violation in the last five (5) years? *

 Yes No

Experience Modification Rate (EMR)

Please list your firm's Experience Modification Rate for the most recent three years.

Modification Rate 2020

Modification Rate 2019

Modification Rate 2018

Recordable Incident Rate

Your firm's injury and illness rate (example: number of recordable incidents/illness multiplied by 200,000, divided by number of work hours on an annual basis = $3 \times 200,000 / 500,000 = 1.2$ (for every 100 employees, 1.2 are injured or ill).

6. Experience

Identify contract and building types your firm has worked on

Project References

List at least three (3) completed projects:

Project Reference 1

Project Name

Project Reference 2

Project Name

Project Reference 3

Project Name

7. Credit References

List at least three (3) credit references.

Reference 1

Supplier/Vendor Name

Reference 2

Supplier/Vendor Name

Reference 3

Supplier/Vendor Name

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