



SUBCONTRACTOR PREQUALIFICATION APPLICATION

Vader requires all subcontractors to complete this prequalification form in its entirety, and to provide all requested documents—no work shall proceed until this is complete and approved.

All subcontractors must follow Standard Operating Procedures and the requirements in Vader’s Safety Manual before proceeding with any work. Vader’s Safety Manual is available upon request.

This Subcontractor Prequalification Application does not qualify or approve your company as a subcontractor of Vader National Electric LLC or its affiliates. This Subcontractor Prequalification Applications does not oblige Vader National Electric LLC or its affiliates to request quotations or proposals from your company.

Required Documents (send as separate files, do not combine):

1. Completed prequalification form below
2. EMR records
3. OSHA 300A summary log
4. W-9
5. COI per the requirements in Vader’s “Schedule E”
 - a. Vader’s “Schedule E” is available upon request
 - b. Note, for Commercial General Liability Insurance, additional insureds must be listed on endorsement form GC 2037 10 01 and form GC 2010 10 01

For questions, or to submit your completed Subcontractor Pre-Qualification Application and supporting documentation, please email: info@vadernationalgroup.com



Legal Business Name:

Street Address:

City:

State:

Zip Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone:

Federal Identification No. / Tax ID No.:

<input type="text"/>	<input type="text"/>
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Contractor's License No.:

Expiration date:

<input type="text"/>	<input type="text"/>
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Name of Business Officer(s):	Title:	Email:	Telephone:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Insurance Provider(s):	Contact Name:	Contact Telephone:	Contact Email:
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you Self Insured for Workers Compensation Insurance? Yes No

Number of years in business under your current business name:



Business Type:

Sole Proprietor:	Partnership:	Corporation:	Limited Liability Company (LLC):	Other:

Date of Incorporation:

State of Incorporation:

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Is your Company a minority / woman-owned business?

No	Yes, MBE	Yes, WBE	Yes, DBE	Other

M/WBE status certified by (include copies of Certification letters):

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Field Labor Employment Type:

Self-Perform (Union)	Self-Perform (Non-Union)	Subcontracted (Union)	Subcontracted (Non-Union)

If your Field Labor is "Self-Perform (Union)", list your union affiliations:

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Current No. of Employees:

Office:	Field:

Do you have judgments, claims or suits pending or outstanding against your business?

Yes (attach details)	No

Have you been (or are you now) involved in bankruptcy or reorganization proceedings?

Yes (attach details)	No

Have you received OSHA, regulatory, civil, or criminal citation(s) in the last three (3) years?

Yes (attach details)	No



Highest Ranking Safety Officer in your Company:

Name:	Phone Number:	Email:

Experience Modification Rate ('EMR')—provide the last four years:

Current EMR:	Year / EMR	Year / EMR	Year / EMR
	/	/	/

OSHA Incident Rate ('O.I.R.')—provide the last four years:

Current O.I.R.:	Year / O.I.R.	Year / O.I.R.	Year / O.I.R.
	/	/	/

*OSHA incident rate ('O.I.R.') is the number of OSHA-recordable injuries x 200,000 / total hours worked

List the number of OSHA 300A Non-Compliance Citations in the previous three years:

Year / Quantity	Year / Quantity	Year / Quantity
/	/	/

Provide your annual revenue for the past three years:

Year / Revenue	Year / Revenue	Year / Revenue
/	/	/

Please inform your bank references below to authorize release of banking information:

Name of Bank:	Reference's Name:	Reference's Email:	Reference's Telephone:

Do you have Bonding (Yes or No)?

Yes No

Limit per Contract:

Total Bonding Limit:

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I hereby certify that, to the best of my knowledge, the provided information is true and accurate:

Signature: _____

Printed Name: _____

Name of Organization: _____

Date: _____