



Date: \_\_\_\_\_

Bulevardul Splaiul Unirii nr n12  
, bloc B6, scara 1, apt. 22,  
Sector 4 Bucharest, Romania  
,040034

## SUBCONTRACTOR PREQUALIFICATION FORM

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

Geographic Region: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

SAM UEI Number: \_\_\_\_\_ Cage Code: \_\_\_\_\_

Trade(s) or Scope of Work: \_\_\_\_\_

NAICS Code(s): \_\_\_\_\_

Does your company perform Prevailing Wage work? Yes  No

Contractor Registration Number: \_\_\_\_\_

**BONDING**

WHT reserves the right to request Payment and Performance Bonds of any subcontractor. Please provide the following:

1. Does your company currently have a surety line of credit established with a surety company?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what is the name of your current Surety Company? (Not your agent)\_\_\_\_\_

2. How long have you been with your current Surety Company?\_\_\_\_\_
3. What is your current single project bond limit?\_\_\_\_\_
4. What is your current aggregate bond limit?\_\_\_\_\_
5. How much of your aggregate bond limit is available to you? \_\_\_\_\_
6. What is your contract bond rate?\_\_\_\_\_
7. How many projects is your firm currently bonded for? \_\_\_\_\_
8. What is your firm's largest bonded project to date? \_\_\_\_\_
9. At any time during the past ten years, has any surety company made any payments on your firm's behalf to satisfy any claims made against a performance or payment bond issued on you firm's behalf?  
  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY**

Please provide the following:

- 1. Subcontractors must provide their Workers Compensation Experience Modification Rate (EMR) for the past three years.

Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_ Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_ Year: \_\_\_\_\_ EMR Rate: \_\_\_\_\_

- 2. Wht Global may not hire subcontractors with an EMR higher than 1.10. This threshold also applies to lower tiers. Note that Specific Project Owners may require a lower EMR. If EMR is higher than 1.10, please provide explanation:

- 3. Does your company have a written Company Safety Policy & Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
*Copies to be provided upon request.*

- 4. Does your company provide safety training for all employees Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

Please list at least two major suppliers and/or two contractors who you have recently worked for.

Reference One

- 1. Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ Project Location: \_\_\_\_\_  
 Scope of Work Performed: \_\_\_\_\_  
 Project Completed Date: \_\_\_\_\_

Reference Two

- 2. Company Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ Project Location: \_\_\_\_\_  
 Scope of Work Performed: \_\_\_\_\_  
 Project Completed Date: \_\_\_\_\_

*(Attach additional information)*