



Subcontractor Prequalification Form

1. GENERAL INFORMATION

Company Name:
Address:
Address 2:
City:
State:
Zip:
Year Established:
Phone:
Fax:
Email:
Federal Tax ID #:
D & B #:
License #:
Construction
Professional Services
Supplier
Number of Employees:
Indicate the number of staffing for the following levels:
1) Executive:
2) Field Personnel:
3) Project Managers:
4) Estimating:
5) Administrative:

2. CONTACT INFORMATION

Owner Contact:
Title:
Email:
Phone:
Estimating Contact:
Title:
Email:
Phone:
Field Contact:
Title:
Email:
Phone:
Accounting Contact:
Title:
Email:
Phone:

3. DIVERSE BUSINESS ENTERPRISE CERTIFICATION (Please forward a copy of certification if applicable)

Small Business Enterprise
Women-Owned Business Enterprise
Veteran Business Enterprise
Small Disabled Veteran Business Enterprise
Minority Business Enterprise (Choose One):
None
African American
Asian
Pacific Islander
Native American
Indian-Subcontinent
Hispanic

4. TRADE COMPETENCIES

Main Construction Division:

3-Concrete / Foundations / Gypcrete
4-Masonry
5-Structural Steel / Misc Metals
6-Rough / Finish Carpentry
7-Thermal & Moisture Protection
8-Windows / DFH / OH Doors / Storefronts
9-Drywall
9-Ceramic Tile/Stone
9-Flooring
9-Paint/Wallcovering
10-Specialties
11-Appliances / Equipment
21-Fire Protection
22-Plumbing
23-HVAC
26-Electrical
28- Electronic Safety & Security
Other:



DIAMOND BUILDING GROUP
A Better Building Experience
36 Van Sant Rd
New Hope, PA 18938

Subcontractor Prequalification Form

Building Type Experience:

- Multi-Family, Mixed Use, Commercial, Rehabilitation, Adaptive Reuse, Sports/Entertainment, Residential, Interior Fit-outs, Healthcare, Education, Retail, Warehouses, High-rise, Mid-rise, Industrial

Percentage (%) of work you normally subcontract:

List the trades you perform with your own workforce:

5. CAPACITY

Preferred Contract Size:

Minimum \$, Maximum \$, Total Annual Capacity \$

Gross Income for the last three (3) years:

2023: \$, 2024: \$, 2025: \$

Union Affiliation: No Yes

If Yes, Enter Local:

Current Insurance Limits: (Please forward a copy of insurance certification)

Insurance Company:

Insurance Agent:

General Liability: \$, Excess Liability: \$

Current Bonding Limits: No Yes

Surety Name:

Single Bond Limit: \$, Aggregate Bond Limit: \$

6. ENVIRONMENTAL HEALTH & SAFETY

Does your firm have a written and published Health & Safety Program/Policies (safety manual)? Yes No

What is your company's current EMR (must be in decimal format (example 0.85))?

Does the firm's management uphold a commitment to safety? Yes No

Are your exposure (work) hours reflected in your company's exposure (work) hours for OSHA 300 reporting? Yes No

Does your company PROVIDE or REQUIRE proper PPE (eye protection, hardhats, boots)? Yes No



DIAMOND BUILDING GROUP
A Better Building Experience
36 Van Sant Rd
New Hope, PA 18938

Subcontractor Prequalification Form

Does your company utilize **pre-engineered fall protection** equipment for your employees? Yes No

Does your company conduct and document pre-task safety meetings prior to the start of work to discuss the specific job hazards associated with the work activity to be performed? Yes No

Are your workers trained and knowledgeable in their right to refuse work in the face of imminent danger? Yes No

Does your firm have a competent person(s) who is **OSHA 30HR trained** to execute the safety responsibilities? Yes No

Does your firm provide high-visibility safety apparel for all employees? Yes No N/A

Do your employees know they have the right to stop any unsafe work they observe? Yes No

Does your Safety Program include a Written Exposure Silica Control Program that reflects the use of retro-fitted tools that **collect** dust by use of a vacuum attachment or **suppress** dust by use of a water delivery system that supplies a continuous stream or spray of water at the point of impact/sawcut (*Ref. Table 1 of the OSHA Silica Standard*)? Yes No

Are there any liens, pending judgements, claims, or law suits against your firm? Yes No

If Yes, please explain: _____

Has your firm been cited by OSHA in the last five years? Yes No

If Yes, please explain: _____



DIAMOND
BUILDING GROUP

DIAMOND BUILDING GROUP

A Better Building Experience

36 Van Sant Rd

New Hope, PA 18938

Subcontractor Prequalification Form

7. CONTRACT REFERENCES: Please list 3 related projects

Year	Project Name/Location	Project Owner/Agency	Type of Work	Contract Amount	Contact Name & Phone Number

Additional Notes:

I certify the information provided above is true and accurate and provide DBG permission to verify all information and check references.

Name / Title: _____ **Date:** _____