

Thank you for your interest in G.M. Hill Engineering, Inc. In order to best match your capabilities with upcoming opportunities, please fill out the following information and return to subcontractor@gmhillengineering.com. *Please also include your generic Certificate of Insurance, W-9, and bonding letter from your Surety.*

General Information

1. Legal Company Name: _____
D/B/A Name: _____

2. Form of Business (check all that apply):

 Corporation Sole Proprietorship Limited Liability Company Partnership Other

Please complete a current W-9 (2018 Form, signed by a company officer) and return with your quote.

3. Mailing Address: _____

4. Business Phone: _____ Website: _____
Contact: _____ Email: _____

5. Company Established: (MM/YY) _____ Current Licenses & Numbers: _____

6. CAGE Code: _____ Experience Modification Rating (EMR) _____

7. UEI (Unique Entity Identifier, from sam.gov): _____

Note: the UEI has taken the place of the DUNS number in federal government requirements

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8. Are you familiar with Procore Construction Software? YES NO

 9. Is your company enrolled in E-Verify? YES NO
Does your company consistently use E-Verify to confirm employment eligibility for all of your employees? YES NO

 10. Are you willing to do prevailing wage projects? YES NO
Does your company use LCP Tracker software to manage and submit certified payroll? YES NO

 11. Can you provide a Payment & Performance Bond? YES NO
If yes, Bonding/Surety Company _____
If yes, Bonding Capacity: Single \$ _____ Aggregate \$ _____
If yes, please provide a LETTER OF BONDABILITY from your surety company on their letterhead. That letter should include your single job and aggregate parameters. Please return with your quote.
Please indicate your bonding rate: _____

12. Please check the insurance coverages maintained by your company:

General Liability Auto Umbrella Workers Comp

Please provide a Certificate of Insurance for bid purposes and return with your quote.

Work Experience

13a. Experience – Scope of Work (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Div. 01 General Requirements | <input type="checkbox"/> Div. 20 Mechanical Support |
| <input type="checkbox"/> Div. 02 Existing Conditions (Demo) | <input type="checkbox"/> Div. 21 Fire Suppression |
| <input type="checkbox"/> Div. 03 Concrete | <input type="checkbox"/> Div. 22 Plumbing |
| <input type="checkbox"/> Div. 04 Masonry | <input type="checkbox"/> Div. 23 HVAC |
| <input type="checkbox"/> Div. 05 Metals | <input type="checkbox"/> Div. 26 Electrical |
| <input type="checkbox"/> Div. 06 Woods, Plastics, Composites (Carpentry) | <input type="checkbox"/> Div. 27 Communications (IT/Network) |
| <input type="checkbox"/> Div. 07 Thermal & Moisture Protection (Roofing/Siding) | <input type="checkbox"/> Div. 28 Electronic Safety & Security |
| <input type="checkbox"/> Div. 08 Openings (Doors/Windows) | <input type="checkbox"/> Div. 31 Earthwork (Site Development) |
| <input type="checkbox"/> Div. 09 Finishes | <input type="checkbox"/> Div. 32 Exterior Improvements |
| <input type="checkbox"/> Div. 10 Specialties (Fixtures) | <input type="checkbox"/> Div. 33 Utilities |
| <input type="checkbox"/> Div. 11 Equipment | <input type="checkbox"/> Div. 35 Waterway & Marine Construction |
| <input type="checkbox"/> Div. 12 Furnishings | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Div. 13 Special Construction | _____ |
| <input type="checkbox"/> Div. 14 Conveying Equipment (Elevators/Lifts) | _____ |

13b. List of Federal Clients & States/Locations where you have worked:

_____	_____
_____	_____
_____	_____

Business Classifications

Check all that apply:

- SBA Certified 8a
- MWBE Minority/Women Owned Business Enterprises
- DBE Disadvantaged Business Enterprise
- SB Small Business
- SDB Small Disadvantaged Business
- WOSB Woman Owned Small Business
- EDWOSB Economically Disadvantaged Women Owned Small Business
- VOSB Veteran Owned Small Business
- SDVOSB Service Disabled Veteran Owned Small Business
- HUBZone

Provide any additional information below. Please precede your responses with the question number you are addressing.

Signature:

I certify that the information in this questionnaire is accurate and complete.

Name & Title of Company Principal (Print)

Signature of Company Principal

Date

G. M. Hill Engineering, Inc. will use this documentation to pre-qualify contractors. It is essential that you return the documentation requested. This document should not be construed to constitute a commitment, or a request to perform any work.

Thank you for completing the Subcontractor Prequalification Questionnaire for G.M. Hill Engineering, Inc..
Please submit your documents to subcontractor@gmhillengineering.com.