



**PARIC**  
EXPERIENCE. EXCELLENCE.

## **2023 Prequalification Guidelines**

All contracts over \$250,000 will require prequalification **PRIOR** to award. An electronic application is available [upon request to Prequalification@paric.com](mailto:prequalification@paric.com). [Include a W-9 \(within a year\) in the request.](#)

**SUBCONTRACTORS need to submit:** Please include the completed application and the information listed below.

- **Financials-** Prior year end (Audited, Reviewed, Compiled) accrual basis financial statements (Balance Sheet & Income Statement) and Current YTD financial statements (Balance Sheet & Income Statement). Information is kept confidential in our module.
- **Bonding Information-** Surety letter must be drafted upon the Surety company letterhead. (within a year).
- **Safety-** OSHA 300 and 300A – Last 3 years documentation -EMR, DART, etc.
- **Union Compliance-** Letter of good standing from all signatory unions (if applicable).(within a year).
- **Certificate of insurance** – current / not expired
- **Current Work in Progress Schedule (WIP)** – (at minimum: Contract Description, Total Contract Revenue, Percent Complete)

**SUPPLIERS need to submit:** Please include the completed application and the information listed below.

- **Financials-** Prior year end (Audited, Reviewed, Compiled) accrual basis financial statements (Balance Sheet & Income Statement) and Current YTD financial statements (Balance Sheet & Income Statement) - Information is kept confidential in our module.
- **W-9-** Attached for Completion. (within a year)
- **Certificate of insurance** – current / not expired

Thank you in advance for your cooperation.

Compliance Services

[prequalification@PARIC.com](mailto:prequalification@PARIC.com)

# PARIC SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION FORM

In an effort to better understand your company's qualifications to perform work for PARIC we request that every Subcontractor and Supplier complete and submit the required documents.

Date \_

### General Company Information

Has your firm submitted this form before: New Listing  Update

Company Name: Address: -

City, State ZIP: Company

President's Name: Contact

Person: \_

Phone: \_

Fax: \_

Email: \_

Number of Employees: Office \_

Field \_

Company Type: Corporation  Sole Proprietor  Individual   
LLC  Partnership  DBA

Years in Business Under Present Name: \_

Status: Union  Non-Union

Local Name \_

Local Number \_\_

Local Name \_

Local Number \_\_

ISO Certification: Program: \_ 9000,9001,9002 etc.

Federal Employee ID #: \_

### Classification

Please check the categories that apply to your company.

Subcontractor	Supplier	Services <input type="checkbox"/>
Manufacturer's Representative	Manufacturer	

### CSI Categories of work your firm is interested in bidding:

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### CSI Categories of work your firm typically performs with your own forces:

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# SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION FORM

### Typical Project Size

Please select the one category that applies to your company.

< \$50,000 
                     \$50,000 - \$250,000 
                     \$250,000 - \$500,000   
 \$500,000 - \$1,000,000 
                     \$1,000,000 - \$2,500,000 
                     > \$2,500,000

### Please list the 3 largest projects completed in the last 5 years.

Project / Location Contract Amount

- \$ \_  
 - \$ \_  
 - \$ \_

Number of projects now in progress: \_

Current Backlog (\$): \_

Total Contract Value of current projects (\$): \_

### Please list any PARIC projects you have worked on in the last 3 years.

Project / Location Contract Amount

- \$ \_  
 - \$ \_  
 - \$ \_

### Safety OSHA 300 A - Must be Submitted

Does your company have a written safety plan? Yes  No

Has your company received an OSHA citation within the past 3 years for any reason? Yes  No

If Yes, please state the number of citations in the last 3 years and describe below.

### Complete the following for the last three years:

*(Insurance company may be helpful in calculating EMR)*

*(DART – Days Away Restricted or Transferred from work)*

	YEAR 2022	YEAR 2021	YEAR 2020
Interstate EMR	_____	_____	_____
State EMR	_____	_____	_____
OSHA Recordable Rate	_____	_____	_____
OSHA Lost Time Incident Rate	_____	_____	_____
OSHA DART Rate	_____	_____	_____
TOTAL HOURS WORKED	_____	_____	_____
ANNUAL NUMBER OF WORKERS	_____	_____	_____

Please visit <http://www.bls.gov/iif/osheval.htm> for rate calculation

# PARIC SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION FORM

**Insurance Information:** You agree to secure the following Insurance coverage (if required by contract). We recommend that this portion be completed by your insurance agent.

Does your Insurance Carrier meet the 'A'-rating standard? Yes  No

**Commercial General Liability**

General Liability Aggregate & Per Project Applies Per Policy Yes  No   
 Each Occurrence \$1,000,000 Yes  No   
 Damage to Rented Property \$100,000 Yes  No   
 Medical \$5,000 Yes  No   
 General Aggregate & Per Project \$2,000,000 Yes  No   
 Products-Completed Operations Aggregate \$2,000,000 Yes  No   
 Written on an occurrence  or claims made

**Automobile Liability**

Combined Limit \$1,000,000 Yes  No   
 to include: Any Autos  
 All Owned Autos  
 Scheduled Autos  
 Hired Autos  
 Non-Owned Autos

**Umbrella/Excess Liability**

Per Occurrence \$1,000,000 Yes  No   
 Aggregate \$1,000,000 Yes  No   
 Written on an occurrence  or claims made

**Workers Compensation**

(must be compliant in the state in which work is being performed)

Statutory Limits Apply Yes  No   
 Each Accident \$1,000,000 Yes  No   
 Each Disease \$1,000,000 Yes  No   
 Each Disease Policy Limit \$1,000,000 Yes  No

**If scope requires:**

**Professional Liability Coverage**  
 (scope includes design work or any professional services)

Stand Alone Policy \$1,000,000 Yes  No

**Pollution/Environmental Liability Coverage**  
 (scope includes earthwork, demolition, abatement, HVAC)

Stand Alone Policy \$1,000,000 Yes  No

You understand that for Any and All PARIC Projects; PARIC Corp., Owner (and others as specified in Part 1 of the Subcontract Agreement) are added as Additional Insureds under the Subcontract's Commercial General Liability and Umbrella policies. Coverage under such policies shall be primary and non-contributory with the Additional Insureds' insurance policies being excess over Subcontractor's coverage. Such primary and non-contributory additional insured coverage shall apply to Completed Operations Coverage as identified in Article 6 of the Subcontract Agreement.

Yes  No

# **PARIC** SUBCONTRACTOR/SUPPLIER PRE-QUALIFICATION FORM

## **References – with contact information**

Banking References (minimum 1 required):

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Project References (minimum 2 required):

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**Authorized Officer Signature verifying the truthfulness of the information provided in this application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

### **\*Required Attachments\***

- **Current Financial Statements - Income & Asset / Liability Statements**
  - **Surety Letter Drafted on Surety Company Letterhead**
  - **Union Status Letters verifying compliance if applicable**
- **OSHA 300 A Statements for the last 3 years (10 employees or more) / EMR**
  - **Signed W9**
  - **Certificate of Insurance**
  - **Current WIP Schedule**

Email or Fax your documents to:

prequalification@PARIC.com

fax 636-561-9501

Mailing Address PARIC, 77 Westport Plaza, Ste. 250, St. Louis, MO 63146