



**PARIC**  
EXPERIENCE. EXCELLENCE.

## **2026 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).
- **W-9**- Attached for Completion. (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)



## 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   
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

### Equal Employment Opportunity Status

Please indicate the Equal Employment Opportunity Laws category under which your company qualifies.

MBE: (Minority Business)  SBE (Small Business)  WBE: (Women's Business)   
DBE (Disadvantage Business)  Other

Please list the agencies certifying you for each category and the expiration date of your certification.

\_\_\_\_\_ exp: \_\_\_\_\_

\_\_\_\_\_ exp: \_\_\_\_\_

\_\_\_\_\_ exp: \_\_\_\_\_

**Note:** If you do qualify as one of the above, you may be required to provide a copy of your certification for each individual category. If you do not qualify, or you cannot furnish a valid certification as proof of qualification, check "Other."

### Legal and Financial Information

Bonding Capacity: \$ \_\_\_\_\_ Percentage of Self-Performed Work: \_\_\_\_\_ %

Largest Bonded Project: \$ \_\_\_\_\_

Aggregate Limit: \$ \_\_\_\_\_ Current Volume of Bonded Work: \$ \_\_\_\_\_

Single Project Limit: \$ \_\_\_\_\_

Bonding Company: \_\_\_\_\_

*Do not list agent, list complete name of the Bonding Company*

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

Phone Number: \_\_\_\_\_

Years with current surety provider: \_\_\_\_\_

Is your company or any of its owners or officers currently involved in any litigation, mediation, arbitration or prosecution or defense of formal claims in connection with any contract, project or subcontract? Yes  No

If yes, please explain and provide details: \_\_\_\_\_

Has your company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete on a contract, or been asked to post collateral against a loss? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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.

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### Complete the following:

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

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

	YEAR 2026	YEAR 2025	YEAR 2024	YEAR 2023
Interstate EMR	_____	_____	_____	_____
State EMR	_____	_____	_____	_____
OSHA Recordable Rate	_____	_____	_____	_____
OSHA Lost Time Incident Rate	_____	_____	_____	_____
OSHA DART Rate	_____	_____	_____	_____
TOTAL HOURS WORKED	_____	_____	_____	_____
ANNUAL NUMBER OF WORKERS	_____	_____	_____	_____



## 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 <input type="checkbox"/>	No <input type="checkbox"/>
Each Occurrence \$1,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Damage to Rented Property \$100,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical \$5,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Aggregate & Per Project \$2,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Products-Completed Operations Aggregate \$2,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Written on an occurrence <input type="checkbox"/> or claims made <input type="checkbox"/>		

### Automobile Liability

Combined Limit \$1,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
to include:		
Any Autos		
All Owned Autos		
Scheduled Autos		
Hired Autos		
Non-Owned Autos		

### Umbrella/Excess Liability

**(Minimum, dictated by project requirements)**

Per Occurrence \$2,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aggregate \$2,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Written on an occurrence <input type="checkbox"/> or claims made <input type="checkbox"/>		

### Workers Compensation

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

Statutory Limits Apply	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each Accident \$1,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each Disease \$1,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Each Disease Policy Limit \$1,000,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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



## 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**

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Signature

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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](mailto:prequalification@PARIC.com)

fax 636-561-9501

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