Prequalification Form
Pre-Qualification Application
If you are a subcontractor/vendor/material supplier - please fill out the pre-qualification form to get the process started. You will also need to submit a valid Certificate of Insurance, that meets our minimum insurance requirements as well as a Nondisclosure Agreement, please see our "Document Library" for requirements and documents. Keep in mind, the more information you give us, the faster we can add you to our approved list.

Step 1 of 13: Company Information

IS YOUR COMPANY A *
☐ Subcontractor
☐ Vendor
☐ Material Supplier

WILL YOUR COMPANY BE ON-SITE?
☐ Yes
☐ No

On-Site includes deliveries, sale representative visits, etc.

PARENT COMPANY *

PARENT COMPANY ADDRESS *

PARENT COMPANY CITY *

PARENT COMPANY STATE *

(Select State)

PARENT COMPANY ZIP *

PARENT COMPANY PHONE *
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Continental USA
Canada
Sample Only - Prequal Must Be Filled Out Online
Prequalification Form
Step 2 of 13: Information About Person Submitting this Form

NAME OF PERSON SUBMITTING INFO *

TITLE OF PERSON SUBMITTING INFO *

EMAIL OF PERSON SUBMITTING INFO *

PREVIOUS NEXT
DOES YOUR BUSINESS HAVE A DESIGNATION?
- Disadvantaged Business Owner (DBE)
- Minority Owned Business (MBE)
- Service Disabled Veteran Owned Business (SDVOB)
- Small Business Enterprise (SBE)
- Small Disadvantaged Business (SDB)
- Veteran Owned Small Business (VOSB)
- Women Owned (WBE)
- Women Owned Small Business (WOSB)

IS YOUR DESIGNATION:
- Classified
- Certified

CERTIFICATION NUMBER

EXPIRATION OF YOUR DESIGNATION

PREVIOUS        NEXT
Prequalification Form
Step 4 of 13: Please List Additional Location Information (if different from Parent Company)

LOCATION COMPANY NAME

LOCATION COMPANY ADDRESS

LOCATION COMPANY CITY

LOCATION COMPANY STATE
(Select State)

LOCATION COMPANY ZIP

LOCATION COMPANY PHONE

LOCATION COMPANY FAX

ADDITIONAL LOCATION INFO
Prequalification Form
Step 5 of 13: Union Information

UNION STATUS
☐ Non Union
☐ Mixed Shop
☐ Union

Union Local Information

LOCAL NUMBER & DESCRIPTION

(ex. Local 400 Plumbers & Steamfitters)

LOCAL NUMBER & DESCRIPTION 2

LOCAL NUMBER & DESCRIPTION 3

LOCAL NUMBER & DESCRIPTION 4

PLEASE LIST ANY LABOR AGREEMENTS AND DATES OF EXPIRATION

PREVIOUS NEXT
FINANCIAL CONTACT

FINANCIAL CONTACT E-MAIL

DUNN & BRADSTREET NUMBER

CURRENT YEAR - REVENUE

CURRENT YEAR - NET INCOME

CURRENT YEAR - EQUITY BALANCE

PREVIOUS YEAR - REVENUE

PREVIOUS YEAR - NET INCOME

PREVIOUS YEAR - EQUITY BALANCE

PREVIOUS YEAR - AVERAGE NUMBER OF EMPLOYEES

BANK NAME
You will be asked to upload a copy of your Certificate of Insurance, please make sure that it meets our minimum insurance requirements, a sample Certificate of Insurance and the minimum insurance requirements can be found in our Document Library, if you are a monopolistic state, you must also submit your Letter of Good Standing for your Workers' Comp

**DO YOU HAVE BONDING CAPABILITY?** *

- Yes
- No

**BONDING COMPANY NAME**


**BONDING COMPANY CONTACT**


**BONDING COMPANY ADDRESS**


**BONDING COMPANY CITY**


**BONDING COMPANY STATE**

(Select State)

**BONDING COMPANY ZIP**


**BONDING COMPANY EMAIL**


**BONDING COMPANY PHONE**


Sample Only - Prequal Must Be Filled Out Online
ARE YOU ABLE TO PROVIDE AN INSURANCE CERTIFICATE EVIDENCING AZCO INC., ITS CUSTOMER AND ALL OTHER CONTRACTUALLY REQUIRED PARTIES AS ADDITIONALLY INSURED ON ALL LIABILITY COVERAGE? **IF YOU ANSWER "NO" YOU WILL NOT BE ON AZCO'S APPROVED LIST.*

- Yes
- No

ARE YOU ABLE TO PROVIDE AN INSURANCE CERTIFICATE EVIDENCING THE WAIVER OF ALL RIGHTS OF SUBROGATION AGAINST AZCO INC., ITS CUSTOMER AND ALL OTHER CONTRACTUALLY REQUIRED PARTIES ON ALL LINES OF INSURANCE COVERAGE (INCLUDING WORKERS COMPENSATION)? *

- Yes
- No

PREVIOUS  

NEXT
Current Year - Average Number of Employees *

Do you have a Written Safety Program? *

- Yes
- No

NAICS Code (SIC Code)

(Can be found on the Bureau of Labor Statistics or by visiting http://www.naics.com/search/ )

Please provide your EMR (Experience Modification Rating) from your Workers' Compensation Broker or appropriate state agency. Please note that if your EMR is above 1.0 for any year - please provide OSHA 300 logs or an explanation from your insurance carrier as to circumstances leading to EMR above 1.0

EMR 2015 *

EMR 2014 *

EMR 2013 *

EMR 2012 *

Recordable Incident Rate 2015 *

Recordable Incident Rate 2014 *
RECORDABLE INCIDENT RATE 2013 *

RECORDABLE INCIDENT RATE 2012 *

CURRENT CSA SCORE (IF TRANSPORTATION COMPANY)

HAS YOUR FIRM EXPERIENCED ANY FATALITIES IN THE PAST FIVE YEARS? *
○ Yes
○ No

HAS YOUR FIRM BEEN CITED BY AN AGENCY IN THE PAST 5 YEARS? *
○ Yes
○ No

WHAT METHODS DO YOU USE TO IDENTIFY, TRACK & CORRECT HAZARDS? *

LIST THE PERSONAL PROTECTIVE EQUIPMENT THAT YOU REQUIRE *

PREVIOUS NEXT
Prequalification Form
Step 9 of 13: Planning & Reports

PRE-TASK PLANNING AND/OR JOB HAZARD ANALYSIS? *

○ Yes
○ No

INCIDENT INVESTIGATIONS AND WRITTEN REPORTS? *

○ Yes
○ No

Please check all types of Incident and Investigation Reports that your company uses

SELECT REPORT TYPES BELOW OR "NONE" *

☐ Injury
☐ Near Miss
☐ Property Damage
☐ Environmental
☐ None

DOES YOUR FIRM HAVE A SUBSTANCE ABUSE SCREENING PROGRAM? *

○ Yes
○ No

PLEASE CHECK ALL SUBSTANCE ABUSE TESTS THAT APPLY

☐ Pre Employment
☐ Post Incident
☐ Random
☐ Reasonable Suspicion
☐ None

DOES YOUR FIRM CONDUCT SCHEDULED SAFETY MEETINGS? *

○ Yes
○ No

DOES YOUR FIRM CONDUCT SCHEDULED SAFETY AUDITS? *
Sample Only - Prequal Must Be Filled Out Online
DO YOU SUBCONTRACT OUT ANY OF YOUR WORK? *

☐ Yes
☐ No

PLEASE EXPLAIN THE TYPE(S) OF WORK YOU SUBCONTRACT OUT


DO YOU REVIEW THE SAFETY SYSTEM OF YOUR SUBCONTRACTORS?

☐ Yes
☐ No
Prequalification Form
Step 11 of 13: QA Information

QA CONTACT

QA CONTACT TITLE

QA EMAIL

DO YOU HAVE A DOCUMENTED QUALITY SYSTEM AND A QUALITY MANUAL? *
  ○ Yes
  ○ No

DO YOU HAVE PROCEDURES TO PERFORM QUALITY PLANNING THAT CONSIDER IDENTIFICATION OF TASKS, RESOURCES, EQUIPMENT, SKILLS, INSPECTION POINTS & METHODS (INCLUDING TECHNIQUES IF APPLICABLE)? *
  ○ Yes
  ○ No

ARE QUALIFIED QUALITY INSPECTORS IN PLACE? *
  ○ Yes
  ○ No

PLEASE LIST ANY ADDITIONAL CERTIFICATIONS THAT APPLY

PREVIOUS NEXT
Sample Only - Prequal Must Be Filled Out Online
You may enter your trade references below or upload your trade reference document at the end of the prequalification.

REFERENCE 1 COMPANY

REFERENCE 1 CONTACT

REFERENCE 1 ADDRESS

REFERENCE 1 CITY

REFERENCE 1 STATE

(Select State)

REFERENCE 1 ZIP

REFERENCE 1 PHONE

REFERENCE 1 EMAIL

REFERENCE 2 COMPANY

REFERENCE 2 CONTACT
<table>
<thead>
<tr>
<th>Reference 2 Details</th>
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<tbody>
<tr>
<td><strong>Address</strong></td>
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<tr>
<td><strong>City</strong></td>
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<tr>
<td><strong>State</strong></td>
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<tr>
<td>(Select State)</td>
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<tr>
<td><strong>Zip</strong></td>
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<td><strong>Phone</strong></td>
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<tr>
<td><strong>Email</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference 3 Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Company</strong></td>
</tr>
<tr>
<td><strong>Contact</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
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<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td>(Select State)</td>
</tr>
<tr>
<td><strong>Zip</strong></td>
</tr>
</tbody>
</table>
Please attach a sample ACORD insurance certificate evidencing your General Liability, Auto, Umbrella, Workers Compensation and Employers Liability coverage, policy numbers, policy effective dates, limits and insurance carriers. If the work to be performed includes engineering or professional services, Professional Errors and Omissions coverage must be reflected. If the work to be performed includes environmental or remediation services or involves hazardous substances, Pollution Liability Insurance coverage must be reflected.

**ATTACH COPY OF PRE TASK PLANNING AND/OR JOB HAZARD ANALYSIS SAMPLE**

Choose File | No file chosen

**ATTACH COPY OF YOUR QA MANUAL**

Choose File | No file chosen

**ATTACH COPY OF YOUR DESIGNATION CERTIFICATE**

Choose File | No file chosen

**UPLOAD TRADE REFERENCE DOCUMENT**

Choose File | No file chosen

**UPLOAD A SIGNED COPY OF AZCO’S NONDISCLOSURE AGREEMENT**

Choose File | No file chosen

This Form can be found by clicking the yellow Document Library tab below.

**UPLOAD A COPY OF YOUR CERTIFICATE OF INSURANCE**

Choose File | No file chosen

**PLEASE MAKE SURE IT MEETS OUR MINIMUM REQUIREMENTS OR IT WILL BE REJECTED**

AZCO’s Minimum Insurance Requirements can be found by clicking the yellow Document Library tab below.

**MONOPOLISTIC STATES ONLY - UPLOAD A COPY OF YOUR LETTER OF GOOD STANDING**

Choose File | No file chosen

**ADDITIONAL COMMENTS**
Any additional comments for our review committee, additional information that you feel may be beneficial

Sample Only - Prequal Must Be Filled Out Online