



Pre-qualification Form

Thank you for your interest in joining our team of outstanding subcontractors and vendors. We invite you to complete and submit this form via email, fax or regular postage.

DATE: _____

SECTION 1: GENERAL INFORMATION

Name of Firm: _____

Address: _____ P.O. Box: _____

City: _____ State: _____

Zip: _____ Phone: _____ Fax: _____

Web Address (if available): _____

Contact Name: _____

Contact Phone: _____ Cell: _____

Estimating Contact Name: _____

Estimating Contact Phone: _____

Estimating Contact Email: _____

Trade Description/Divisions of Work: _____

Union Affiliation: Union Merit Shop Non Union

Minority Certification (please circle all that apply):

MBE

WBE

DBE

SOMWBA

Small Business

Veteran Business

Years in Business: _____

Number of Employees: Office _____ Field _____ Shop _____

SECTION 2: CAPABILITIES

A) Bidding Limits: _____ Maximum \$ _____ Minimum \$ _____

B) List categories of work you are qualified to perform with your own personnel:

C) List categories of work you normally subcontract to others:

D) Number of years performing your primary trade:

E) Predominant Market (i.e. Academic, Corporate, Residential, etc.):

1.

2.

3.

F) Does your company have any specialized areas of expertise? Please list.

G) List Projects currently under construction:

Name of Project: _____ Contracting Company: _____

Contract Amount: _____ Completion Date: _____

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Contract Amount: _____ Completion Date: _____

SECTION 3: FINANCIAL INFORMATION

Average Annual Dollar Volume of Work completed in the last three years:

2016: _____ 2015: _____ 2014: _____

Average Project Size: \$ _____

Have you ever failed to complete and work awarded to you? If yes please explain:

Has your company ever been involved in a bankruptcy or reorganization? If yes please explain:

SECTION 4: SAFETY

Has your company ever been cited by OSHA? _____ If yes, please explain:

Do you have a written safety program? _____ Do your field personnel have OSHA 10 Training? _____

Do you have a designated safety officer? _____

What was your workers' compensation experience modification rating for the last 3 years?

2016: _____ 2015: _____ 2014: _____

SECTION 5: REFERENCES

Client/Architect Reference 1:

Name: _____ Contact: _____
Address: _____ Phone: _____

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Address: _____ Phone: _____

Material Supplier/Sub--Subcontractor 1:

Name: _____ Contact: _____
Address: _____ Phone: _____

Material Supplier/Sub--Subcontractor 2:

Name: _____ Contact: _____
Address: _____ Phone: _____

SECTION 6: INSURANCE INFORMATION

Complete below **OR attach an insurance certificate from one of your previous projects** in order to illustrate your standard insurance coverage.

A) General Liability

Limit: \$ _____ Insurance Co.: _____
Broker: _____ Phone: _____

B) Umbrella

Limit: \$ _____ Insurance Co.: _____
Broker: _____ Phone: _____

C) Design/Build Liability

Limit: \$ _____ Insurance Co.: _____
Broker: _____ Phone: _____

D) Workers' Compensation

Limit: \$ _____ Insurance Co.: _____
Broker: _____ Phone: _____

E) Are you bondable?

Surety Company: _____

Single Job Limit:\$ _____ Aggregate: \$ _____

Submitted by: _____ Title: _____

Date: _____

Thank you! Please attach a brochure if available.

