



Prequalification Form will NOT be accepted unless it is completed in its entirety and signed.

Fields in red are required

Business Information

Date Completed: _____

Company name: _____

Address: _____

(No PO boxes) _____

If corporate office, check here:

Primary contact: _____

Phone: (____) _____ **Fax:** (____) _____

E-mail: _____

Web site: _____

Other branch offices: _____

Design/Build experience: Yes No

If yes, engineering staff is: Internal External

Years in business under present name: _____ years

Previous business name, if less than five (5) years:

Status: Union Non-Union

Employer identification number: _____

List of all applicable State Contractors License Numbers:

Company type: Corporation Partnership Individual LLC
 DBA Joint Venture Sole proprietor

Work Performed/Region

List the categories or CSI sections that your organization normally performs:

Check the categories your company has experience in:

Healthcare Education K-12 Higher Education Industrial

Retail Other commercial _____

Subcontractor Professional Services
Prequalification Form

Bonding company (Surety, not Agent): _____
(List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))
 Bonding company A.M. best rating: _____
 Bond agency contact name: _____ Phone: (____) _____

Past Performance

Has your organization ever failed to complete any awarded work in the last seven (7) years? Yes No

Have there been (or are there currently) any judgments, claims, arbitration proceedings, and/or suits pending against your organization or its officers in the last seven (7) years? Yes No

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last seven (7) years? Yes No

Safety

How many OSHA violations has this business incurred over the past three (3) years? _____

What is this business' Worker's Comp EMR history for the past 3 years?
 Please contact your Worker's Comp Agent to verify your Comp EMR.
 Current year: _____ 1 year ago: _____ 2 years ago: _____ 3 years ago: _____

How many fatalities has this business incurred over the past three (3) years? _____

Does this business have a written safety policy? Yes No
(A copy will be required if selected for project)

Does your company comply with the Drug Free Work Act? Yes No

References

List contact information for three (3) owners, general contractors, or construction managers for whom the company has worked in the past two (2) years:

Company	Contact	Phone	E-mail or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List contact information for your three (3) major suppliers:

Company	Contact	Phone	E-mail or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

