CONTRACTOR'S PREQUALIFICATION STATEMENT

Which group is your firm interested in providing subcontractor/vendor services:

U.S. ❑ International ❑ Both ❑

Submit to:
Attn: Estimating Department
BL Harbert International
820 Shades Creek Parkway, Suite 3000
Birmingham, AL 35209
P: 205.802.2800 | F: 205.802.2930

Scope of Work:

TYPE OF FIRM:
Corporation ❑ Partnership Individual ❑ Other ❑ (provide explanation)

Years in business as Contractor under present firm name: _____
Provide information which would indicate the size and capacity of your organization, including the number of permanent employees engaged in (do not count the same employee twice):

Estimating: _____ Field Supervision: _____
Accounting: _____ Clerical: _____
Management: _____

Is your organization a registered MBE/WBE contractor: Yes ❑ No ❑

Is your organization currently registered with Dunn & Bradstreet? Yes ❑ No ❑
If yes, what is your D & B #?

List your company's EMR for the current year and the two immediately prior years (Attach Documentation)

Year _____ Year _____ Year _____

EMR _____ EMR _____ EMR _____

List your company's OSHA Total Recordable Incident Rate for the current year and the two immediately prior years.

Year _____ Year _____ Year _____

TRIR _____ TRIR _____ TRIR _____

Has your firm had any OSHA enforced infractions within the past three years or currently under review? If so please specify year, project, infraction, violation classification, and penalty.

Has your firm ever failed to complete a contract? Yes ❑ No ❑

Are there any judgments, claims or suits pending or outstanding against your firm? Yes ❑ No ❑

Has your firm been a party to any lawsuits or requested arbitration with regard to construction projects in the last five years? Yes ❑ No ❑

Is your firm proposing to Subcontract any of the work included in your proposal? Yes ❑ No ❑
(If answer to any of the above questions is yes, please provide explanation

Please list four different general contractors and owners for whom you have performed similar scopes of work regarding **similar facilities.**

Project:	
Owner's Representative & Phone Number	
General Contractor	
Contact, Phone Number	
Approx. Value	

Project:	
Owner's Representative & Phone Number	
General Contractor	
Contact, Phone Number	
Approx. Value	

Project:	
Owner's Representative & Phone Number	
General Contractor	
Contact, Phone Number	
Approx. Value	

Project:	
Owner's Representative & Phone Number	
General Contractor	
Contact, Phone Number	
Approx. Value	

Please list two credit and/or banking references.

Name of Institution	
Street Address	
City, State, Zip	
Contact, Phone Number	
Account Number	

Name of Institution	
Street Address	
City, State, Zip	
Contact, Phone Number	
Account Number	

Please list four supplier/vendor references.

Name of Institution	
Street Address	
City, State, Zip	
Contact, Phone Number	

Name of Institution	
Street Address	
City, State, Zip	
Contact, Phone Number	

Name of Institution	
Street Address	
City, State, Zip	
Contact, Phone Number	

Name of Institution	
Street Address	
City, State, Zip	
Contact, Phone Number	

FIVE LARGEST PROJECTS COMPLETED IN THE LAST FIVE YEARS:

PROJECT	GENERAL CONTRACTOR'S REPRESENTATIVE & PHONE NUMBER	CONTRACT AMOUNT $

Average annual billing for last five years: $
Last year's billing: $

MAJOR PROJECTS UNDER CONTRACT:

PROJECT	% COMPLETE/COMPLETION DATE	GENERAL CONTRACTOR	CONTRACT AMOUNT $

Total projects under contract: (including those not listed above) $
Percent negotiated projects under contract: %

CURRENT PROJECTS FOR WHICH YOUR FIRM IS A CANDIDATE FOR CONTRACT AWARD (INDICATE SIZE AND SCHEDULE):

_____

_____

_____

_____

_____

PROJECT MANAGERS, FIELD SUPERINTENDENT AND CONSTRUCTION EXPERIENCE:

Please attach resumes for proposed key personnel for this project including: Name, Title, and Experience with similar projects complete with project name, size, location, general contractor contact and phone number and owner's representative and phone number. Key personnel should include at a minimum the Project Manager, Superintendent, and Executive Sponsor.

What is your bond rate? _____%

Please list the names of your bonding agent and surety.

A. _____ B. _____

(Bonding Agent) (Surety)

_____ _____

(Street Address) (Street Address)

_____ _____

(City, State, Zip) (City, State, Zip)

(Contact, Phone Number) (Contact, Phone Number)

FINANCIAL STATEMENT:

CPA Firm:
(Attach a current copy of audited financial statements for the most recent two years including the "Auditor's Opinion Page".)

THE ANSWERS TO THE FOREGOING QUESTIONS AND ALL STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.

Firm: _____ Signature: _____

By: _____ Date: _____

Title: _____ Attest: _____

(Corporate seal)