



CONTRACTOR'S PREQUALIFICATION STATEMENT

Firm: _____ Contact: _____

Address: _____ Email: _____

City, State, Zip: _____ Phone/Fax: _____

Scope of Work/Trade: _____

GENERAL

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 #? _____

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

Does your firm typically perform work with your own forces or do you subcontract any of the work to others. If you subcontract work to others please explain. Yes No

(If answer to any of the above questions is yes, please provide explanation)

SAFETY

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.

REFERENCES

Please list four different general contractors and owners for whom you have performed work for in the past 5 years.

GENERAL CONTRACTOR REFERENCES

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	

CREDIT/BANKING REFERENCES

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	

SUPPLIER/VENDOR REFERENCES

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	

EXPERIENCE & WORKLOAD

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 key management personnel including: Name, Title and Experience complete with project name, size, location, general contract and phone number and owner’s representative and phone number. Key personnel should include at a minimum senior management and other key safety and operations personnel.

BONDING

Can your organization provide a payment and performance bond? _____. If yes, please provide a letter from your surety stating aggregate limit and single project limit. This letter must be from your *surety company* and not your *surety agent*, unless a proper power of attorney is provided.

What is your current 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

FINANCIAL STATEMENT:

CPA Firm:

(Attach a current copy of audited/reviewed financial statements for the most recent two years including the “Auditor’s Opinion Page”.) Please send to securefinancials@blharbert.com

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

Firm: _____ Signature: _____

By: _____ Date: _____

Title: _____ Attest: _____

(Corporate seal)

