



CONTRACTOR'S PREQUALIFICATION FORM

Company Name: _____ Date: _____

Business Address: _____ Phone: _____

Street

City State Zip Code

Fax: _____

Contact Person: _____ Email: _____

1. Principal Type of Work Done: (Check all that apply) Subcontractor Supplier
- General Construction Site Work Concrete Masonry Structural Steel
- Glass + Glazing Mechanical Electrical Fire Protection Other _____

2. States Licensed In _____

License No. and Class: _____

3. Office Locations _____

Geographic Radius Operations: _____

4. Company Ownership: Corporation Partnership Sole Proprietorship

Date Incorporated: _____ State Incorporated: _____

5. Type of Business: (Check all that apply)

- Small Business Enterprise (SBE) Disadvantaged Business Enterprise (DBE)
- Women Business Enterprise (WBE) Minority Business Enterprise (MBE)
- Veteran Business Enterprise (VBE)

6. Officers, Partners or Owners:

Name	Title	Years Experience in Type of Work Listed Above

7. Administrative Personnel:

Number of: Architects/Engineers _____ Project Managers _____ Others _____



8. List of Key Personnel and Their Construction Experience:

Name	Years of Experience	Year Hired	Present Position/Responsibilities

9. Will you perform work with your own forces? Yes No

10. Do you and your subcontractors operate under a standard form of union agreement? Yes No

11. Work Currently Under Contract:

NAME OF PROJECT	1.	2.
Location of Project		
Building Type and Size in SF		
Year Complete		
Was project Bid or Negotiated?		
Owner of Project		
General Contractor/ Construction Manager		
Address		
City/State		
Phone No.		
Contact Name		

(If necessary, attach additional list.)

12. REFERENCES

Major Material Suppliers

Name		
Address		
Contact		
Telephone No.		

General Contractors

Name		
Address		
Contact		
Telephone No.		



12. Contractor's Insurance: (Attach current Certificate of Insurance – General, Auto Liability, Workman's Comp.)

What is your Experience Modification Rate (EMR) for the past 3 years?

200__ : _____ 200__ : _____ 200__ : _____

13. Bonding Limit Single Project: _____

Total Bonding Capacity: _____

Bonding Company: _____

Agent: _____ Telephone: _____

14. Have you ever at any time failed to complete a contract? Yes No

Are there any judgements, claims or suits pending/outstanding against you? Yes No

Are you now, or have you ever been involved in any bankruptcy or reorganization proceedings?

Yes No

15. Have you ever been cited/fined by OSHA? Yes No

(If Yes, attach details on separate sheet)

I hereby certify that the forgoing information is, to the best of my knowledge, true and complete:

Signature _____

Name & Title _____

Date _____