|  |  |  |
| --- | --- | --- |
| **Today’s Date:** |  |  |
|  |
| Please check the appropriate box: | [ ]  New Listing | [ ]  Update |  |
| Is this Prequalification for a specific Project?  | [ ]  Yes | [ ]  No |  |
| Project Name:  |       |  |
|  |
|  |
| ***Company Information*** |
| **General Information:** |
| Company Legal Name:       |
| Subsidiaries (if applicable):       |
| Address:       |
| City:       | State:       | Zip:       |
| Phone:       | Fax:       | Website:       |
| Company Type: | [ ]  Subcontractor | [ ]  Supplier | [ ]  GC | [ ]  Prof. Service | [ ]  Other |
| Business Type: | [ ]  Corporation | [ ]  Proprietorship | [ ]  Partnership | [ ]  LLC/LLP | [ ]  Other |
| Geographic Work Areas: *(Select the areas where your company is properly licensed and will provide quotes for work. Describe in the space below if only part of the work area applies)* |
| [ ]  AL | [ ]  CO | [ ]  HI | [ ]  KS | [ ]  MA | [ ]  MT | [ ]  NJ | [ ]  OK | [ ]  SD | [ ]  VA |
| [ ]  AK | [ ]  CT | [ ]  ID | [ ]  KY | [ ]  MY | [ ]  NC | [ ]  NM | [ ]  OR | [ ]  TN | [ ]  WA |
| [ ]  AZ | [ ]  DE | [ ]  IL | [ ]  LA | [ ]  MN | [ ]  NE | [ ]  NV | [ ]  PA | [ ]  TX | [ ]  WV |
| [ ]  AR | [ ]  FL | [ ]  IN | [ ]  ME | [ ]  MS | [ ]  ND | [ ]  NY | [ ]  RI | [ ]  UT | [ ]  WI |
| [ ]  CA | [ ]  GA | [ ]  IA | [ ]  MD | [ ]  MO | [ ]  NH | [ ]  OH | [ ]  SC | [ ]  VT | [ ]  WY |
| [ ]  International | [ ]  National (U.S.) | [ ]  Midwest |  |
|       |
| Years in Business (Current Name):       | Federal ID #:        |
| State of Incorporation:       | Date of Incorporation:       |
| Labor Force Classification: | [ ]  Union | [ ]  Open Shop | [ ]  Prevailing Wage | [ ]  All Labor Types |
|  |
| **Contact Information:** |
| Principal Contact:       | Title:       |
| Phone:       | Email:       |
| Estimating/Bidding Contact:       | Title:       |
| Phone:       | Email:       |
| Accounting Contact:       | Title:       |
| Phone:       | Email:       |
|  |
| **Business Classification:** |
| Does your Company currently qualify as a certified Minority Contractor? | [ ]  Yes | [ ]  No |
| Check all that apply: *(Provide a copy of all Certifications as an attachment, if applicable)* |
| [ ]  MBE | [ ]  WBE | [ ]  SBE | [ ]  DBE |
| [ ]  VBE | [ ]  Section 3 | [ ]  Other:       |
|  |
| **Work Performed:** |
| Type of Work: *(Check all that apply)* |
| [ ]  New Construction | [ ]  Renovation | [ ]  Multi-Family Residential | [ ]  Single-Family |
| [ ]  Commercial | [ ]  Retail | [ ]  Tenant Improvements/Fit Out | [ ]  Public |
| [ ]  Design-Build | [ ]  Other (List):       |
| Description of Trade: *(Include CSI Divisions)* |
|       |
|  |
| **Employee Resources (Personnel):** |
| Office Employees:       | Field Mechanics:       |
| Shop Labor:       | Field Supervision:       |
| Total Employees:       | % of Work by Own Forces:       |
|  |
| ***Financial Information*** |
| **Financial Data:** |
| Size of work most competitive in performing:       |
| D & B Number:       | D & B Rating:        |
| Expected annual volume this year:       | Expected number of Projects this year:       |
| Largest contract completed to date: | Year:       | Amount:       | Project Name:       |
| Please include the information below for the past three (3) fiscal years: |
| Year | Annual Revenue | Largest Contract Value | General Contractor of Largest Contract |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| **Bank Information:** |
| Name of Primary Bank:       | Line of Credit:       | Unused Amount:       |
| Address:       | City:       | State:       | Zip:       |
| Contact Person:       | Phone:       | Email:       |
|  |
| **Credit References:** |
| Name:       | Telephone:       | Fax:       |
| Name:       | Telephone:       | Fax:       |
| Name:       | Telephone:       | Fax:       |
|  |
| **Insurance Information:** |
| Please refer to the Insurance Requirements provided by Flaherty & Collins Construction. Do you currently carry, or can you obtain the required insurance coverage specified? *(If No, please explain)* |
| [ ]  Yes | [ ]  No |  |
|       |
| Please list the coverage amounts for your Company’s insurance policies below:  |
| Type of Insurance | Coverage Limits |
| Workers’ Compensation / Employer’s Liability |       |
| Commercial General Liability |       |
| Automobile Liability |       |
| Umbrella (Excess) Liability |       |
| Professional Liability |       |
| Contractor's Pollution Liability |       |
| Insurance Company:       | Insurance Agent:       | Phone:       |
|  |
| **Bonding Information:** |
| Current Bonding Capacity:  | Per Job:       | Aggregate:       |
| Name of Surety Company:       | Bond Rate:       |

|  |
| --- |
| ***Project References*** |
| **Project References:** |
| Project Name #1:       | Project Type:       |
| Location:       | Year Completed:       | Contract Amount:       |
| Owner:       | Architect:       | GC:       |
| Project Name #2:       | Project Type:       |
| Location:       | Year Completed:       | Contract Amount:       |
| Owner:       | Architect:       | GC:       |
| Project Name #3:       | Project Type:       |
| Location:       | Year Completed:       | Contract Amount:       |
| Owner:       | Architect:       | GC:       |
|  |
| ***Legal Information*** |
| **General Questions:** |
| Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? *(If Yes, please explain)* |
| [ ]  Yes | [ ]  No |  |
|       |
| Does your Company have any lawsuits, judgements, claims, arbitration, or proceedings pending currently or in the past five (5) years? *(If Yes, please explain)* |
| [ ]  Yes | [ ]  No |  |
|       |
|  |
| ***Safety and Risk Information*** |
| **General Questions:** |
| Does your company have a written safety program? |
| [ ]  Yes | [ ]  No |  |
| Are there any OSHA citations recorded against your company? *(If Yes, please describe)*  |
| [ ]  Yes | [ ]  No |  |
|       |
| Provide your company’s EMR, lost time and any recordable injury rates for the past three (3) years: |
| Year | EMR | Lost Time Rate | Recordable Rate | # of Citations |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| Has your Company or any of its affiliates experienced a fatality? *(If Yes, please explain)* |
| [ ]  Yes | [ ]  No |  |
|       |
| Do you have any quality programs or policies? *(If Yes, please describe)* |
| [ ]  Yes | [ ]  No |  |
|       |
|  |

**SEE ACKNOWLEDGEMENT ON THE FOLLOWING PAGE**

|  |
| --- |
| ***Acknowledgement of Prequalification Information*** |
| * Prior to signing any agreement, insurance certificates, a letter from your surety company, if applicable, and any necessary financial statements shall be provided in order to obtain a final qualification status.
 |
| * The following items must be attached with your submission based on your responses:
* Certification Letters for MBE, WBE, SBE, or other Business Classifications (if applicable)
* Applicable Licenses
* Insurance certificates outlining company, policy number, effective and expiration dates, and limits of coverage in accordance with the Insurance Requirements provided by Flaherty & Collins Construction
* W-9
* Any other supporting information
 |
| * The undersign warrants and represents that all statements are true and correct. Applicant agrees to furnish additional credit references upon request and/or supplementary proof of financial responsibility. Applicant understands that this is a Prequalification Form questionnaire and does not constitute an awarding of a job.
 |
| * Flaherty & Collins Construction, Inc. and its affiliates reserve the right to request additional information prior to agreement execution.
 |
|  |
| **Authorized Representative:** |
| *The undersigned certifies that the information provided herein is a clear and accurate representation of this organization and that he/she is authorized to sign on behalf of the organization.* |
| **SUBCONTRACTOR/SUPPLIER:** |
|  |
| Print Name: |       |  | Title: |       |  |
|  |  |  |  |  |  |
| Signature: |  |  | Date: |       |  |
|  |