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| **Today’s Date:** | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Please check the appropriate box: | | | | | | | | | | | | | | | | | New Listing | | | | | | | | | | | Update | | | | |  | | | | | | | | | | | | | |
| Is this Prequalification for a specific Project? | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | No | | | | |  | | | | | | | | | | | | | |
| Project Name: | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| ***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: | | | | | | | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | | | | | | | | |
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| **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)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **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: | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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 | | | | | |  | | |
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**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: |  |  |
|  | | | | | |