

Today's Da	te:						<u>-</u>					
Please check the appropriate box: New Listing Is this Prequalification for a specific Project? Yes Project Name:					□ Upo	date						
Company	/ Inform	natio	n									
General Inf	ormatio	า:										
Company Le	egal Nam	ne:										
Subsidiaries	(if applio	cable):										
Address:												
City:					State:				Zip:			
Phone: Fax:								Website:				
Company Ty	/pe:	□ St	ubcontracto	-	☐ Supp	lier	□ GC	☐ Prof. Service		e Other		
Business Ty	pe:	□ Co	orporation		☐ Prop	rietorship	☐ Partnei	ship			☐ Other	
Geographic space belov						ur company i	s properly lid	censed and	will provide quo	tes for	work. E	escribe in the
☐ AL	□со] ні	□к	S	□ МА	□мт	□NJ	□ ок		SD	□VA
☐ AK	□ст] ID	□к	Υ	☐ MY	□ NC	□ NM	☐ OR		TN	□WA
□ AZ	□ DE] IL		A	☐ MN	□ NE	□NV	□ PA		ТΧ	□WV
☐ AR	☐ FL		□IN	□N	1E	☐ MS	□ND	□NY	□RI	ים	JT	□WI
□ CA	☐ GA		□ IA	□ N	1D	□ МО	□NH	□ОН	□ sc	<u></u>	√ T	□ WY
☐ International ☐ National (U.S.) ☐ Midwest												
Years in Bus	siness (C	Current	: Name):				Federal ID	#:				
Years in Business (Current Name): State of Incorporation:						Date of Incorporation:						
Labor Force Classification: Union Deen Sh					hop Prevailing Wage All Labor Types							
Contact Inf	ormatio	ղ։										
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 M	inority Contra	ctor? Yes	□No				
Check all that apply: (Provide	a copy of all Certification	ons as an atta	chment, if applicable)					
□ МВЕ	☐ WBE		SBE	☐ DBE				
□VBE	☐ Section 3		Other:					
Work Performed:								
Type of Work: (Check all that a	apply)							
☐ New Construction	Renovation	□ Мі	ulti-Family Residential	☐ Single-Family				
☐ Commercial	Retail	☐ Te	enant Improvements/Fit Out	☐ Public				
☐ Design-Build	☐ Design-Build ☐ Other (List):							
Description of Trade: (Include	CSI Divisions)							
Employee Resources (Perso	onnel):							
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 y	/ear:		Expected number of Projects this year:					
Largest contract completed to	date: Year:	Amoun	t: Project Name:					
Please include the information	below for the past thre	e (3) fiscal ve	ears:					



Year Annual Revenue		Larg	Largest Contract Value			General Contractor of Largest Contract				
ı										
Bank Informati	on:									
Name of Primary Bank:				Line of C	redit:			Unused Amount:		
Address:				City: S		State: Zip:		Zip:		
Contact Person:	:			Phone:		E	mail:			
Credit Reference	ces:									
Name:		Telephoi	ne:				Fax:			
Name:		Telepho	ne:				Fax:			
Name:		Telephoi	ne:				Fax:			
Insurance Infor	rmation:									
	he Insurance Requirement nce coverage specified? (If				Collins Consti	ruction. I	Do you cu	irrently carry, or ca	n you obtain the	
□ Yes	□ No	, ,	,	,						
Please list the c	overage amounts for your	Company's	insur	ance poli	cies below:					
Type of Insurance			Cove	erage Lim	its					
Workers' Compe	ensation / Employer's Liabi	ility								
Commercial General Liability										
Automobile Liab	oility									
Umbrella (Excess) Liability										
Professional Liability										
Contractor's Pol	lution Liability									
Insurance Company:			nsura	surance Agent: Phone:						
Bonding Inforn	nation:									
Current Bonding	Capacity:	Per Job:					Aggregat	e:		
Name of Surety	me of Surety Company:				Bond Rate:					



Project References	5								
Project References:									
Project Name #1:				Project Type	ə:				
Location:			ompleted:		Contract Amount		t:		
Owner:		Architect:				GC:			
Project Name #2:				Project Type:					
Location:		Year Completed:				Contract Amount:			
Owner:		Architect:			GC:				
Project Name #3:				Project Type	э:				
Location:		Year Completed:			(Contract Amount:			
Owner:		Archited	ct:			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 hav (If Yes, please explain)	e any lawsuits, judg	ements	, claims, arbitr	ation, or proc	eedings pe	ending currently o	or in the past five (5) years?		
□ Yes □ No									
Safety and Risk Int	formation								
General Questions:			_	_		_			
Does your company hav	e a written safety pro	ogram?							
☐ Yes ☐ No		Ü							
Are there any OSHA cita		nst your	company? (If	Yes, please	describe)				
☐ Yes ☐ No	_	j		,,	,				
Provide your company's	EMR, lost time and	any rec	ordable injury	rates for the p	past three (3) years:			
<u>Year</u>	<u>EMR</u>		Lost Time Ra	<u>te</u>	Recordabl	e 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 p	programs or policies? (If Ye	s, 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
 - o 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:					