



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)*

<input type="checkbox"/> AL	<input type="checkbox"/> CO	<input type="checkbox"/> HI	<input type="checkbox"/> KS	<input type="checkbox"/> MA	<input type="checkbox"/> MT	<input type="checkbox"/> NJ	<input type="checkbox"/> OK	<input type="checkbox"/> SD	<input type="checkbox"/> VA
<input type="checkbox"/> AK	<input type="checkbox"/> CT	<input type="checkbox"/> ID	<input type="checkbox"/> KY	<input type="checkbox"/> MY	<input type="checkbox"/> NC	<input type="checkbox"/> NM	<input type="checkbox"/> OR	<input type="checkbox"/> TN	<input type="checkbox"/> WA
<input type="checkbox"/> AZ	<input type="checkbox"/> DE	<input type="checkbox"/> IL	<input type="checkbox"/> LA	<input type="checkbox"/> MN	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> PA	<input type="checkbox"/> TX	<input type="checkbox"/> WV
<input type="checkbox"/> AR	<input type="checkbox"/> FL	<input type="checkbox"/> IN	<input type="checkbox"/> ME	<input type="checkbox"/> MS	<input type="checkbox"/> ND	<input type="checkbox"/> NY	<input type="checkbox"/> RI	<input type="checkbox"/> UT	<input type="checkbox"/> WI
<input type="checkbox"/> CA	<input type="checkbox"/> GA	<input type="checkbox"/> IA	<input type="checkbox"/> MD	<input type="checkbox"/> MO	<input type="checkbox"/> NH	<input type="checkbox"/> OH	<input type="checkbox"/> SC	<input type="checkbox"/> VT	<input type="checkbox"/> WY
<input type="checkbox"/> International		<input type="checkbox"/> National (U.S.)			<input type="checkbox"/> 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: _____



<u>Year</u>	<u>Annual Revenue</u>	<u>Largest Contract Value</u>	<u>General Contractor of Largest Contract</u>

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? <i>(If No, please explain)</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please list the coverage amounts for your Company's insurance policies below:		
<u>Type of Insurance</u>	<u>Coverage Limits</u>	
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:

<u>Year</u>	<u>EMR</u>	<u>Lost Time Rate</u>	<u>Recordable Rate</u>	<u># of Citations</u>



Has your Company or any of its affiliates experienced a fatality? <i>(If Yes, please explain)</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any quality programs or policies? <i>(If Yes, please describe)</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____