**Today’s Date (MO/DAY/YEAR): / / Person Completing Form: Company Information:** *(Please print or type)*

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Business Name: | | | Company Website: |
| Address/City/State/Zip: | | | |
| Phone: | | Contact Name & Email: | |
| Fax: | | Other Contact Name & Email: | |
| List the corporate officers, partners, or proprietors of your firm: if additional space is needed, list on separate sheet of paper & attach to this form. | | | |
| Name/Title/% ownership: | Name/Title/% ownership: | | |
| Name/Title/% ownership: | Name/Title/% ownership: | | |
| Type of work qualified to perform:  | | | |

**Company Organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Corporation  Sole Proprietor  LLC  Partnership  General or Limited  Joint Venture | | | | | |
| Date of Establishment: /\_ / \_ | | | State Where Established: | | |
|  | List of states/metro areas in which authorized to do work (please include license # if applicable): | | | | |
| State/License: | | State/License: | | | State/License: |
|  Federal ID #: | |  DUNS #: | |  Cage Code: | |
| Contractor parent company (company name/president/address/phone/country): | | | | #of Employees (office and field): | |

**Company Profile**

|  |
| --- |
| Certified Business Entity:   Large Business  Small Business |
|  Service-Disabled Veteran Owned  Woman owned  Minority Owned  HUBZone  Other  \*If Other please identify  Certified by: Date of Certification: |
| NAICS Code(s): \_ |
| Project Size: (Check all that apply)   $200,000 or below  $201,000– $399,000  $401,000 – $999,999  $1,000,000 or more |
| Types of Projects: (Check all that apply)   * Schools  Government  Healthcare  Hospitality  Lodging  Industrial  Office  Restaurant  * Other: Please specify: |
| Geographic Work Areas: (List states) |
| Does Company have experience with working on Federal Contracts?  Yes  No |

**Bonding & Insurance**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Company: | Insurance Agent: | | Insurance Agent Telephone: |
| Bonding Company: | Bonding Company Contact: | | Bonding Contact Telephone: |
| Total Bonding Capacity:  $ | | Current Available Bonding Capacity / Single Job:  $ | |
| ***Please attach insurance certificates*** | | | |
| Do you currently carry, or can you obtain the following insurance coverage?:  Workers’ Compensation Statutory Maximum at Project Site Location? Yes  No  General Liability $1,000,000/ $2,000,000 aggregate  Yes  No  Automobile Liability $1,000,000/CSL  Yes  No  Employer Liability $1,000,000/per statute  Yes  No  Umbrella Liability $1,000,000/$1,000,000 aggregate  Yes  No | | | |

**Safety Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| List your experience modification Rate (EMR) for the last three years: | | Number of OSHA recordable incidents over the prior three years:  Data available at [www.osha.com](http://www.osha.com/) | | | |
| Year: | Rate: | Year: |  |  | No.- |
| Year: | Rate: | Year: |  |  | No.- |
| Year: | Rate: | Year: |  |  | No.- |
| Do you have a written OSHA Compliant Health, Safety and Environmental Program? | |  |  Yes |  No |  |
| Are all employees trained in safety requirements? | |  |  Yes |  No |  |
| Do you have a Company Safety Director or other Safety Professionals on Staff? | | |  Yes |  No |  |
| If yes, Contact Name: | | Phone: | | | |

|  |  |  |
| --- | --- | --- |
| **Bank References** | | |
| Please list two banks with whom you have worked with in the last 2 years. | | |
| 1.  2. | Name: Address: City/State/ZIP: | Contact: |
| Contact Phone Number/Cell Number: |
| Name: Address: City/State/ZIP: | Contact: |
| Contact Phone Number/Cell Number: |

**Past Performance**

Please complete requested information on company’s recent major projects either completed or in progress; or attach list. (Please make additional copies as needed).

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Project |  | Name of Project |  |
| Client/Owner |  | Client/Owner |  |
| General Contractor |  | General Contractor |  |
| Location |  | Location |  |
| Contract Value | $ | Contract Value | $ |
| Description of Work Being  Performed |  | Description of Work Being  Performed |  |
| General Contractor Contact |  | General Contractor Contact |  |
| Phone Number |  | Phone Number |  |
| Completion (Planned) Date |  | Completion (Planned) Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Project |  | Name of Project |  |
| Client/Owner |  | Client/Owner |  |
| General Contractor |  | General Contractor |  |
| Location |  | Location |  |
| Contract Value | $ | Contract Value | $ |
| Description of Work Being  Performed |  | Description of Work Being  Performed |  |
| General Contractor Contact |  | General Contractor Contact |  |
| Phone Number |  | Phone Number |  |
| Completion (Planned) Date |  | Completion (Planned) Date |  |

1. Have you failed to complete awarded work or been terminated for cause/default? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, or have you had any bankruptcies or reorganizations in the last ten years?   **Yes**   **No**

If yes, please explain:

1. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?  **Yes**   **No**

If yes, please explain:

1. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been subject of any federal or state suspension or disbarment?

 **Yes**   **No** If yes, please explain:

1. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been the subject of any formal proceeding or consent order with a state or federal agency involving a violation of state or federal contracting, Health, Safety or Environmental laws?   **Yes**   **No** If yes, please explain:
2. Has your firm had any OSHA citations, fines, or jobsite fatalities within the last ten (10) years?   **Yes**   No If yes, please describe in detail on an attached sheet what occurred and what steps were taken

by the company to prevent from happening in the future.

1. OSHA Incident Rate: Please list your firms OSHA incident rate for the most recent three (3) years

YR. / Rate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YR. / Rate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YR. / Rate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your company or any individual identified in the Company Information Section been affiliated personally or professionally with any organization or individual affiliated with a country that is a state sponsor of terrorism?  **Yes**   **No** If yes, please explain:
2. Have all company employees been properly vetted for eligibility to work in the US and on a Federal Installation/Project?  **Yes**   **No** If yes, please explain:

**Credit Authorization**

The submitter of this prequalification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? **Yes**  **No** 

Signature of Officer: Date: Return Completed Form ATTN: Title: Company: Fax: