

PRUSIK CONSTRUCTION

SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Name: _____

Owner Name: _____

Estimating Contact (if different than above): _____

AP Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Federal Tax ID# _____

Email Address: _____

Web Site: _____

Contractor's License (s) States and Numbers

State: _____ No: _____

State: _____ No: _____

State: _____ No: _____

State: _____ No: _____

Type of work qualified to perform: (masonry, steel, etc.) _____

Specific Geographical Area You Work In: _____

Year Business Started: _____ Number of Employees: _____

Has Company or any of its Owners Declared Bankruptcy in last 5 years? [] Yes [] No

Is Company Bondable? YES NO – Single Project Limit \$_____ Total \$_____

Have you ever failed to complete a project: YES (explain details below) NO

Details: _____

Have you ever failed to complete a project on time? YES (explain detail below) NO

Details: _____

Have you had a contract terminated due to performance? YES (explain detail below) NO

Business Type: Corporation Partnership Limited Liability Company Sole Proprietor Other
(specify) ***PLEASE INCLUDE YOUR W9***

Is you company a certified: MBE WBE DBE SBE VBE

I. Legal Information

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officer or principals? YES NO

If yes, please provide a complete explanation on a separate sheet.

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction? contracts within the last three (3) years? YES NO

If yes, please provide a complete explanation on a separate sheet.

II. References

Insurance – Please ensure you meet our minimum insurance standards. See attached.

General Liability Carrier _____ Since? _____

Insurance Broker/Age _____ Since? _____

Contact Person _____ Telephone _____

What is your limit to Liability insurance? _____

3 References (Owner, Architects, General Contractors for work completed within the last 2 years):

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract \$ _____

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract \$ _____

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract \$ _____

III. Financial Information

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization? YES NO

If yes, please provide a complete explanation on a separate sheet.

V. Experience

Has your company had experience with LEED projects YES NO

Has your company had experience with Public Works projects YES NO

VI. Safety

Does your firm have a written safety plan? YES NO

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) 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

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

YR. / Rate _____ YR. / Rate _____ YR. / Rate _____

VII. Additional Information

Please list any additional information you feel will help us determine your company's qualifications and expertise _____

I hereby certify that the above information is accurate, correct and true.

Completed By: _____

(Name)

(Title)

(Signature)

(Date)