



**Business Information**

Date Completed: \_\_\_\_\_

Legal Company Name: \_\_\_\_\_  
 (and DBA) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 (No PO Boxes) \_\_\_\_\_  
 \_\_\_\_\_

Executive Contact: \_\_\_\_\_  
 Safety Director: \_\_\_\_\_  
 Estimating Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

Other Branch Offices: \_\_\_\_\_

Design/Build Experience:  Yes  No  
 If Yes, Engineering Staff is:  Internal  External

Years in Business Under Present Name: \_\_\_\_\_ Years  
 Previous Business Name or Employment, if less than five (5) years: \_\_\_\_\_

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Status:  Union  Open Shop  Prevailing Wage

Tax Identification No.: (TIN) \_\_\_\_\_

List of all applicable State Contractor's License Numbers: \_\_\_\_\_

List all unions that you are signatory to: \_\_\_\_\_

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Company Type:  Corporation  Joint Venture  DBA  Individual  
 Partnership  Sole Proprietor  LLC

**Work Performed / Region**

List the CSI/Trade sections that your organization is licensed to perform:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check the markets your company has experience in:

Aerospace  Entertainment  Industrial  Retail  
 Casino  Healthcare  Institutional  Tenant Improvement  
 Educational  Hospitality  Residential  Other: \_\_\_\_\_



### Business Certification

Does your business hold any of these certifications:  Yes  No  
 (If yes, please complete the remainder of this section and attach documentation)

<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Woman Owned	<input type="checkbox"/> Small Business
<input type="checkbox"/> Disadvantaged Business	<input type="checkbox"/> HubZone	<input type="checkbox"/> Veteran Owned
<input type="checkbox"/> Helmets to Hard Hats	<input type="checkbox"/> Other-1	<input type="checkbox"/> Other-2

### Financial

Name of Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount of Line of Credit: \$ \_\_\_\_\_

**ALL CONTRACTS OVER \$100,000 WILL REQUIRE AUDITED FINANCIAL STATEMENTS**

Average Contract Size over the last five (5) years: \$ \_\_\_\_\_  
 Average annual revenue over the last five (5) years: \$ \_\_\_\_\_

### Insurance

Does your company meet City Constructors' minimum standard insurance requirements?  
 Yes  No (refer to attached minimum insurance requirements)

Please attach samples of your current Certificates of Insurance and Endorsements for review.

### Bonding

Is your company bondable?  Yes  No  
 (If N/A or not bondable, please provide explanation)

Bonding Capacity in aggregate: \$ \_\_\_\_\_ Bonding capacity per project: \$ \_\_\_\_\_  
 (Current \$\$ Value required, DO NOT state unlimited)

Bonding Rate Percent: \_\_\_\_\_ % Total value of current Bonds: \$ \_\_\_\_\_

Bonding Company (Surety, not Agent): \_\_\_\_\_  
 (List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))

Bonding Company A.M. Best Rating: \_\_\_\_\_

Bond Agency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_



Subcontractor Professional Services  
**PREQUALIFICATION FORM**

**Past Performance**

Has your organization ever failed to complete any awarded work in the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i>
Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i>
Has your organization filed any lawsuits, arbitration, mediation or liens with regard to construction contracts within the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i>

**Safety**

How many OSHA violations has this business incurred over the past three (3) years? _____
What is this business' Worker's Comp EMR history for the past three (3) years and the current year? <i>(Please contact your Worker's Comp Agent to verify your Comp EMR)</i>
Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____
What is this business' OSHA recordable incident rate for the past three (3) years and the current year? <i>(Number of recordables X 200,000 / man-hours worked)</i>
Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____
How many fatalities has this business incurred over the past three (3) years? _____
Does this business have a written safety policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A copy will be required if selected for the project)</i>
Does your company comply with the Drug Free Work Act? <input type="checkbox"/> Yes <input type="checkbox"/> No

**References**

List Contact information for three (3) owners, general contractors, or construction managers for whom the company has worked in the past two (2) years below:			
Company	Contact	Phone	Email or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
List Contact information for your three (3) major suppliers:			
Company	Contact	Phone	Email or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Recent Project Experience:** (Additional pages may be added if needed)

1. List All Projects Ongoing or Completed In The Past 2 Years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, ^\*: Design Build/Hard Bid/CM@Risk/GMP)

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2. Projects with Q&A (Include Project Name, Owner, Architect, Contract Amount, Percentage or Date Completed. Specify type of project, ^\*: Design Build/Hard Bid)

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3. Largest Three Projects completed in the last 5 years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, ie: Design Build/Hard Bid/CM@Risk/GMP)

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4. Does your company have LEED Experience? Do you have LEED Accredited professionals? If so, how many?

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5. Does your company have BIM (Building Information Modeling) Experience? If so, what software do you use?

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The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed By: \_\_\_\_\_  
*(Print or Type)* *(Signature)*

Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_