



**Prequalification Form will NOT be accepted unless it is completed in its entirety and signed.**

Fields in red are required

**Business Information**

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

**Company name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(No PO boxes) \_\_\_\_\_

\_\_\_\_\_

If corporate office, check here:

**Primary contact:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Web site:** \_\_\_\_\_

**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, if less than five (5) years:  
\_\_\_\_\_

**Status:**  Union  Non-Union

Employer identification number: \_\_\_\_\_

List of all applicable State Contractors License Numbers:  
\_\_\_\_\_  
\_\_\_\_\_

Company type:  Corporation  Partnership  Individual  LLC

DBA  Joint Venture  Sole proprietor

**Work Performed/Region**

List the categories or CSI sections that your organization normally performs:  
\_\_\_\_\_

Check the categories your company has experience in:

Healthcare  Education K-12  Higher Education  Industrial

Retail  Other commercial \_\_\_\_\_

Subcontractor Professional Services  
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Geographic area and any limitations:

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**Business Classification**

Does your business meet a special classification:    Yes            No

If yes, please complete the remainder of this section and attach documentation.

- Minority owned            Woman owned            Small business            Veteran owned  
 Disadvantaged business  
 Other 1 \_\_\_\_\_    Other 2 \_\_\_\_\_    Other 3 \_\_\_\_\_

Minority Certification Status:            N/A            Self            Public            Private

*(Copy Required)*

City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_

NMSDC Affiliates: \_\_\_\_\_  
*(National Minority Supplier Dev. Council)*

**Financial**

Name of bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Amount of Line of Credit: \$ \_\_\_\_\_

Company Dunn and Bradstreet number: \_\_\_\_\_

**ALL CONTRACTS OVER \$200,000.00 MAY REQUIRE FINANCIAL STATEMENTS (Audited, Reviewed, or Compiled).**

Average contract size over the last five (5) years:           \$ \_\_\_\_\_

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

**Insurance**

Company meets O'Shea Builder's minimum insurance requirements as posted on our Website?

- Yes            No

**Bonding**

Is your company bondable?            Yes            No            N/A

*(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 per \$1000: \_\_\_\_\_

Subcontractor Professional Services  
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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: (\_\_\_\_) \_\_\_\_\_

**Past Performance**

Has your organization ever failed to complete any awarded work in the last seven (7) years?  Yes  No

Have there been (or are there currently) any judgments, claims, arbitration proceedings, and/or suits pending against your organization or its officers in the last seven (7) years?  Yes  No

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last seven (7) years?  Yes  No

**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 3 years?  
 Please contact your Worker's Comp Agent to verify your Comp EMR.  
 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?  Yes  No  
*(A copy will be required if selected for project)*

Does your company comply with the Drug Free Work Act?  Yes  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:

Company	Contact	Phone	E-mail or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List contact information for your three (3) major suppliers:

Company	Contact	Phone	E-mail or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

