

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

Fields in red are required

Business Informa	ation Date Completed:				
Company name:					
Address:					
(No PO boxes)					
If corporate office, of	check here:				
Primary contact:					
Phone:	Fax: ()				
E-mail:					
Web site:					
Other branch office:	s:				
	ence:				
If yes, engine	eering staff is: 🔲 Internal 🔲 External				
, , ,	nder present name: years				
	ame, if less than five (5) years:				
Status:	Jnion Non-Union				
Employer identificat	tion number:				
	State Contractors License Numbers:				
Company type:	☐ Corporation ☐ Partnership ☐ Individual ☐ LLC				
, , , ,	☐ DBA ☐ Joint Venture ☐ Sole proprietor				
Work Performed	· · ·				
List the categories or CSI sections that your organization normally performs:					
	. co. cochem chac your organization normally periorms.				
Check the categorie	s your company has experience in:				
☐ Healthcare	☐ Education K-12 ☐ Higher Education ☐ Industrial				
☐ Retail	Other commercial				

Geographic area and any limitations:				
Business Classification				
Does your business meet a special classification:	☐ Yes ☐ No			
If yes, please complete the remainder of this sect	ion and attach documentation.			
☐ Minority owned ☐ Woman owned	☐ Small business ☐ Veteran owned			
☐ Disadvantaged business				
☐ Other 1 ☐ Other 2	□ Other 3			
Minority Certification Status: N/A S (Copy Required)	Self 🗖 Public 🗖 Private			
City:	NMSDC Affiliates:			
State:	(National Minority Supplier Dev. Council)			
Country:				
Financial				
Name of bank:				
Address:				
Contact person:				
Amount of Line of Credit: \$				
Company Dunn and Bradstreet number:				
ALL CONTRACTS OVER \$200,000.00 MAY REQUI	RE 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 re	quirements as posted on our Website?			
☐ Yes ☐ No				
Bonding				
Is your company bondable?	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:				
PouguiP rate her 51000.				

Bonding company (Suret	y, not Agent):						
	appears on the Dept. of Treasury's		ed Sureties (Depar	tment Circ	ular 570),)	
Bonding company A.M. best rating:							
	ne:			Phone:	()		
Past Performance							
Has your organization ev	er failed to complete any	awarded wor	k in	Yes		No	
the last seven (7) years?							
Have there been (or are	there currently) any judgr	ments, claims,		Yes		No	
arbitration proceedings,	and/or suits pending agai	nst your					
organization or its officers in the last seven (7) years?							
,	ed any lawsuits or request			Yes		No	
with regard to constructi	on contracts within the la	ist seven (7) y	ears?				
Safety							
How many OSHA violatio	ons has this business incur	red over the p	past three (3)	years?			
What is this business' Worker's Comp EMR history for the past 3 years?							
•	ker's Comp Agent to verif						
Current year:	1 year ago:	2 yea	irs ago:		3 yea	ars ago:	
			(0)				
How many fatalities has	this business incurred ove	er the past thr	ee (3) years?				
Dana this hardeness have		□ V	□ N-				
	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	, , , , , , , , , , , , , , , , , , ,						
	for three (3) owners, gene	aral contracto	rs or constru	ction m	202000	for whom the	
company has worked in t	, ,	erai contracto	rs, or constru	Cuon m	anagers	s for whom the	
Company	Contact		Phone		E 10	nail or Fax	
Company	Contact		Phone		E-II	iidii Of Fax	
						 	
							
List contact information	for your three (3) major si	unnliers:					
Company	Contact	арристэ.	Phone		F-n	nail or Fax	
 					- •		
							

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

1. List of projects: (include general co	ntractor, project name, owner, contract amount, percei	ntage or date completed; specify type
of project, i.e.: Design-Build/Hard Bid/CN	1@Risk)	
-		
2. Largest three (3) projects comp	leted: (include general contractor, project name, owne	er, contract amount, percentage or
date completed; specify type of project, i.	e.: Design-Build/Hard Bid/CM@Risk)	
The undersigned certifies that	at the information provided herein is tr	rue and sufficiently
complete so as not to be mis	leading.	
Completed by:		
-	(Print or type)	(Signature)
Title:		
Date completed:		