



PREQUALIFICATION FORM

Company Information

Company Name: _____
Address (Mailing): _____
City, State, ZIP: _____
Phone: _____ Fax: _____ Website: _____
Physical Address: _____
City, State, ZIP: _____
Phone: _____ Fax: _____
Federal Empl. ID#: _____
Previous Co. Name: _____
Parent Company _____

Contact Information

Estimating/Sales:
Name: _____
Title: _____
Phone: _____ Mobile: _____ E-mail: _____
Pager: _____
Contracts Name:
Name: _____
Title: _____
Phone: _____ Mobile: _____ E-mail: _____
Pager: _____
Operations Name:
Name: _____
Title: _____
Phone: _____ Mobile: _____ E-mail: _____
Pager: _____
CFO Name:
Name: _____
Title: _____
Phone: _____ Mobile: _____ E-mail: _____
Pager: _____
CEO Name:
Name: _____
Title: _____
Phone: _____ Mobile: _____ E-mail: _____
Pager: _____



CSI Trades

Major Trade Description: _____

Please see the attached sheet and list which CSI in which your company performs: _____

Territories

Please see the list below and type in the appropriate locations: _____

MWMBE Classifications

- Minority (MBE)
 - Veterans
 - Women (WBE)
 - Small Business
 - Disadvantaged (DBE)
 - Other _____
- Certification Agency: _____ Certif. #: _____
 Certification Agency: _____ Certif. #: _____
 Certification Agency: _____ Certif. #: _____

Type of Company

- Subcontractor
- Manufacturer
- Supplier
- Services
- Manufacture's Rep.

Type of Work

- Corporate, Office Buildings
- Institutional
- Hospitality
- Hospitals/Healthcare
- Public Assembly
- Correctional/Justice
- Mercantile
- High Tech/Laboratories
- Industrial
- Transportation
- Residential
- Infrastructure
- Design-Build/Design Assist

Business Designation

- Corporation
- LLC
- Sole Proprietorship
- Individual
- Partnership
- DBA

Select Minimum Contract Size

- No. Min
- \$250,000
- \$500,000
- \$1M
- \$2.5M
- \$5M
- \$10M

Select Maximum Contract Size

- \$500,000
- \$1M
- \$5M
- \$10M
- \$15M
- \$25M
- \$50M+

Select Type of Labor

- Union Shop
- Open and/or Union Shop
- Open Shop
- Open and/or Prevailing Wage
- Prevailing Wage

% of Self-Performed Work: _____

of Employees: _____

Training Program: _____

Ave. Annual Training Hours/Empl.: _____

ISO Certification: _____

Certifications: _____

Select Licenses

Issuing Authority: _____ Lic. #: _____ Expiration: _____

Issuing Authority: _____ Lic. #: _____ Expiration: _____

Other Licenses: _____



Company History

Union Affiliation: _____

Federal Tax ID: _____

Year Company Founded: _____

Average work in place during last five years: _____

Average project size in place last year: _____

Minimum preferred project size: _____

Maximum preferred project size: _____

Largest project in last five years: _____

Project location preferred: _____

Work under contract: _____

Uncompleted backlog: _____

Bonding Information

Can you bond projects? Yes No

If yes, please provide the following information:

Date of last bond: _____

Current Bonding Capacity: _____ Single Bonding Capacity: _____

Aggregate Bonding Capacity: _____ Available Capacity: _____

Broker Agent Name: _____ Broker Agent Phone: _____

Bonding Rate: _____ No. Years w/this Surety: _____

Insurance Information

Insurance Company: _____ Insurance Agent Name: _____

Insurance Agent Phone: _____ General Liability limit per occurrence: _____

General Liability limit aggregate: _____ Exclusions?: _____

Has your firm been without Workers Compensation Insurance? _____

If Yes, please describe: _____

Professional Liability Insurance Information

Carrier: _____ Contact: _____ Phone: _____

Limit: _____ Deductible: _____

Project Specific Limit Available: _____

Extended Reporting Period (Tail): _____ Years

Prior Acts: Yes No