

# Attachment A: Construction Prequalification

Please complete all requested information

## Pre-qualification Application

Name of Firm:		
Trade Name (DBA):		
Address Line 1:		
Address Line 2:		
City and State:		
Owner/Principle Name(S):		
Form of Business:	Sole Owner <input type="checkbox"/>	Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>
Date Founded:		
State of Incorporation if applicable:		
Unified Business ID #:		Website:
Tax ID or Federal ID #/ SS#		Duns #:
Qualifications/License to provide Service:	(State) License #:	
	(State) License #:	

### INSURANCE AND BONDING: PLEASE ATTACH A COPY OF THE FOLLOWING:

1. Current copy of Liability Insurance Certificate
2. Letter from Bonding Company/Surety (statement of bonding capacity)
3. Current copy of Workers Compensation Policy
4. Attach current W9 form

## ORGANIZATION / WORK HISTORY



# Attachment A: Construction Prequalification

1. A. Do you normally employ?  Average number of employees for last 3 years:	Union Personnel <input type="checkbox"/>  Year _____  Avg # _____	Non-Union Personnel <input type="checkbox"/>  Year _____  Avg # _____	Leased Personnel <input type="checkbox"/>  Year _____  Avg # _____	
2. Annual Dollar Volume for the Past Three Years:	Year _____	Year _____	Year _____	
3. Largest Project in past 3 Years: \$ _____		Avg. Project Size in last 3 yrs: \$ _____		
4. Your Firm's Desired Project Size:		Maximum:	Minimum:	
5. Net Worth:	\$ _____			
6. Major jobs in progress: (List Below)				
Customer/Location	Type of Work	Size (\$'s)	Customer Contact	Telephone
7. Major jobs completed in past 3 years:				
Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
8. Are there any judgments, claims or suits pending or outstanding against your company?				
If yes, please attach details.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?				
If yes, please attach details			Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Has your firm ever had a claim against a bond on which your firm stood as principle?				
If yes, please attach details			Yes <input type="checkbox"/>	No <input type="checkbox"/>

# Attachment A: Construction Prequalification

11. Has your firm ever been denied a bond?

If yes, please attach details

Yes

No

## SAFETY AND HEALTH PERFORMANCE

See Attachment B: Questionnaire

### SAFETY AND HEALTH PERFORMANCE

COVID: All contractors will need to provide a COVID Safety Plan. The plan must meet the CDC guidelines and any State and Federal Orders that apply. It must address physical distancing, decontamination, Personal protective equipment and monitoring and isolation.

## REFERENCES

Provide a minimum of three references that can provide information on your company's experience on projects of similar size and scope of work:

Reference 1:

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

Company/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 2:

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

Company/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 3:

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

Company/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_