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SUBCONTRACTOR PROFESSIONAL SERVICES PREQUALIFICATION FORM

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

Please circle the state that you are submitting your qualifications for: **FL NC**

BUSINESS INFORMATION

Company Name: _____
 Address: _____
 (No PO Boxes) _____

If corporate office check here:

Primary Contact: _____
 Phone: _____ Fax: _____
 E-Mail: _____
 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: _____

Status: Union Non-Union
 Employer Identification No.: _____
 List of all applicable State Contractors License Numbers: _____

Company Type: Corporation Partnership LLC Individual
 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
 Apartments Condos Single Family Homes
 Industrial Retail Other Commercial _____

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 & attach documentation.

- [] Minority Owned [] Woman Owned [] Small Business
[] Disadvantaged Business [] HubZone [] Veteran Owned
[] Other1 [] Other2 [] Other3

Minority Certification Status: [] N/A [] Self [] Public [] Private
(Copy Required)

City: NMSDC Affiliates:
State: (National Minority Supplier Dev. Council)
Country:

INSURANCE

Does your company meet BIG 10 Contractors minimum standard insurance requirements?
[] Yes [] No (requirements may be found on pages 5-7 of this form)
Please attach samples of your current Certificates of Insurance and
endorsements for review.

BONDING

(THIS IS REQUIRED ON MOST OF OUR PROJECTS, PLEASE CAREFULLY REVIEW AND COMPLETE)

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 per \$1,000:
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:

FINANCIAL

Name of Bank:
Address :
Contact Person: Phone:
Amount of Line of Credit \$
Company Dunn and Bradstreet number
ALL CONTRACTS OVER \$500,000.00 WILL 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: \$



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PAST PERFORMANCE

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

Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years? Yes No
(If Yes, attach explanation)

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

SAFETY

How many OSHA violations has this business incurred over the past three years? _____

What is this business' Worker's Comp EMR history for the past 3 years & the current year?
Please contact your Workers' Comp Agent to verify your Comp EMR.
Current Year _____; 1 Year Ago _____; 2 Years Ago _____; 3 Years Ago _____

What is this business' OSHA recordable incident rate for the past 3 years & the current year?
(Number of recordables X 200,000 / man-hours worked)
Current Year _____; 1 Year Ago _____; 2 Years Ago _____; 3 Years Ago _____

How many fatalities has this business incurred over the past three 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 2 years below:

Company	Contact	Phone	Email or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Company	Contact	Phone	Email or Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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RECENT PROJECT EXPERIENCE:
(ADDITIONAL PAGES MAY BE ADDED IF NEEDED)

1. List of Projects: (Include General Contractor, Project Name, Owner, Contract Amount, Percentage or Date Completed. Specify type of project, ie: Design-Build/Hard Bid/CM@Risk.)

Multiple horizontal lines for listing projects.

2. Largest Three Projects completed: (Include General Contractor, Project Name, Owner, Contract Amount, Percentage or Date Completed. Specify type of project, ie: Design-Build/Hard Bid/CM@Risk.)

Multiple horizontal lines for listing the largest three projects.

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: _____