

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

Date Completed: _____

BUSINESS INFORMATION

Company Name: _____
Address: _____

If Corporate Office check here: Yes No

Primary Contact: _____

Phone: _____

Fax: _____

E-Mail: _____

Website: _____

Branch Offices: _____

Design/Build Experience: Yes No

If Yes, engineering staff is: Internal External

Years in Business Under Present Name: _____ Years

Status: Union Non-Union

Employer Identification No.: _____

State Contractors License Number (where applicable): _____

Average Contract Size over the last five (5) years: \$ _____

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

Company Type: Corporation Partnership LLC Individual DBA Joint Venture Sole Proprietor

WORK PERFORMED

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 _____

BUSINESS CLASSIFICATION

Does your business meet a special classification? Yes No

If yes, please complete the remainder of this section.

Minority Owned

Woman Owned

Small Business

Disadvantaged Business

HubZone

Veteran Owned

Other 1 _____

Other 2 _____

Other 3 _____

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 Collage Construction's minimum standard insurance requirements? Yes No
If No, please attach a copy of your current insurance certification form.

BONDING

Is your company bondable? Yes No *(If N/A or not bondable, please attach 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: _____

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' Workers' Comp EMR history for the past 3 years & the current year?
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)
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 5 years below:

Company	Contact	Phone	Email or Fax

List Contact information for three (3) suppliers from whom the company has purchased materials or subcontractors which the company has hired in the past 5 years below:

Company	Contact	Phone	Email or Fax

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed By (Print): _____

Signature: _____

Title: _____

Date Completed: _____