## **CONTRACTOR PREQUALIFICATION FORM**



Date:				
Firm:				
Address:				
Telephone No.:	Fax No.:	1		
E-mail Address:	rax 110.	•		
Firm Contacts for Inquiries:				
Geographic Area of Business Operation:				
Years in Business Under Present Name:				
Work Now Under Contract:				
Work in Place Last Year:				
Total Bonding Capacity:				
Value of Work Presently Bonded:				
Total # of Staff Employed By Firm:	Project	<b>Estimators:</b>	Superintendents	Other
	Mgrs.	<u> </u>	Superintendents	Staff:
Is Organization a Qualified MBE Firm:	Yes No			
Is Firm in Compliance with all EEO	Yes No			
Requirements:				
Contracting Interests:	And Trades Used:			
YY . / A 60330				
Union/Affiliations:	Local		National	
Contract Expirations Dates:				
Accept Site Labor Agreement:	Yes		No	
Years Performing Work Specialty:	1			
Percent of Work Performed By Own Forces:				
Average Annual Sales Last Three (3) Years				
Bonding Company:				
Insurance Agent & Company:	Name:			
EMR Last 3 Years:	Phone:	os of Lest 2 Va	ars OSHA 300A Atta	ahad:
Has Company Had Any Serious OSHA Citations?	Yes	ics of Last 3 16	No	aciicu;
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Approximate Value of by Firm:	Capital Equipment Own	ned				
Bank References and A	Addresses:					
Has Firm Failed to Complete a Contract?		Yes	Yes No		)	
Been Involved in Bankruptcy or Reorganization?		on? Yes	Yes		No	
<b>Pending Judgments, C</b> Firm?	Pending Judgments, Claims or Suites Against		Yes		No	
T • 4 0 (4) 4 •						
Project & Location	Architect (	pleted in the la		years. tract Amount	Date Completed	
	-				Date Completed	
	-				Date Completed	
	-				Date Completed	
Project & Location	-	Contract With	Con	tract Amount	Date Completed	

Architect	Contract With	Contract Amount	<b>Date Completed</b>

**Financial Statement:** (Submission of financial statement is not specifically requested at this time.)

The financial statement should contain reasonably current data and reflect the general current financial condition of the firm and include:

Current Assets: (Cash, joint venture accounts, accounts receivable, notes receivable, accrued interest on notes, deposits, and materials and prepaid expenses, not fixes assets and other assets).

Current Liabilities: (Accounts payable, notes payable, accrued interest on notes, provision for income taxes, advances received from owners, accrued salaries, accrued payroll taxes, other liabilities and capital stock, authorized and outstanding shares per values, earned surplus.

This form must be signed by an Officer of the firm or an individual so authorized by an officer or the firm.

Signature:	
Name:	Title:
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NOTE: CONTRACTORS MUST HAVE BONDING CAPACITY. INSURANCE AND SURETY COMPANIES MUST HAVE A POLICY HOLDERS RATING OF "A", A FINANCIAL CATEGORY NOT LESS THAN CLASS VII AND POLICY HOLDER SURPLUS OF NOT LESS THAN \$25,000,000 OR ALL AS SHOWN ON "BESTS KEY RATING GUIDE", LATEST EDITION.