SOSSAMON CONSTRUCTION
CONSTRUCTION MANAGEMENT

SUBCONTRACTOR PREQUALIFICATION FORM

A. GENERAL INFORMATION

Company Name: _____
Home Office Address: _____
_____
Branch Office Address (if different from above): _____
_____
Phone Number: _____
Contact Name: _____
Contact Email: _____

24 Hour Contact Name: _____
24 Hour Phone Number: _____

Scope of Work: _____

Federal Tax ID: _____
***Please provide copy of your W-9.*

***Please provide any applicable promotional information that will help us become more familiar with your firm.*

B. ORGANIZATION INFORMATION

Type of Organization:
Corporation ___ Partnership ___ Individual ____ Joint Venture _____
Limited Liability Company ___ Other (Please describe): _____

Number of Years in business as a Contractor: _____
Number of Years as Current Business Name: _____

List all Other or Former Business/Company Names: _____
_____

Date of Incorporation/Organization: _____
State of Incorporation/Organization: _____

Name, Title, & Address of Executive Officers/Partners/Owners//Principals:
_____
_____
_____
_____
_____
_____

If Joint Venture, please describe Joint Venture Agreement in terms of Financial & Supervisory Control:
_____
_____
_____
_____
_____

SOSSAMON CONSTRUCTION
CONSTRUCTION MANAGEMENT

C. LICENSING & CERTIFICATIONS & AFFILIATIONS

Business License #: _____
Certifying Agency: _____
***Please provide a copy of your current Business License.*

Contractor's Trade License: _____
Certifying Agency: _____
***Please provide a copy of all current Trade Licenses.*

MWBE or SLBE Certifications (Please List All.)

Certifying Agency:	_____	Classification:	_____
Certifying Agency:	_____	Classification:	_____
Certifying Agency:	_____	Classification:	_____
Certifying Agency:	_____	Classification:	_____
Certifying Agency:	_____	Classification:	_____

***Please provide a copy of all current Certifications.*

List any Trade Unions or Associations with which your Company has an Agreement.

_____
_____
_____

List any Affiliations or Memberships your Company holds.

_____
_____
_____

List any Awards or Honors your Company has earned.

_____
_____
_____

D. SAFETY INFORMATION

Safety Officer Name, Title, & Phone Number:

_____

Worker's Compensation Experience Modification Rate (EMR) for the past three (3) years:

_____

***Please provide a verification letter from your Insurance Agent which confirms your Company's EMR information listed above.*

Please list your Company's OSHA No. 300A Summary of Occupational Injuries and Illnesses for the past three (3) years.

_____
_____
_____

Has your Company received any OSHA Citations or Notifications of Penalty, monetary or other, within the past five (5) years? If so, please list each Citation and/or Notifications of Penalty along with a description of the event and the final disposition as applicable.

_____
_____
_____

Has your Company received any Safety Citations or Violations under State Law within the past five (5) years? If so, please list each Citation along with a description of the event and the final disposition as applicable.

_____

_____

_____

E. EXPERIENCE & REFERENCES

Please provide, on a separate sheet of paper, a list all project completed in the last five (5) years. Include the following information for each project: Project Name; Reference/Contact Name & Phone Number; General Contractor, Architect, Contract Amount; Completion Date; Location; Project Delivery Method; Scope of Work; and Project Description.

Please provide, on a separate sheet of paper, a list all projects currently under contract. Include the following information for each project: Project Name; Reference/Contact Name & Phone Number; General Contractor, Architect, Contract Amount; Anticipated Completion Date; Location; Project Status; Scope of Work; and Project Description.

Please provide, on a separate sheet of paper, two (2) references for the following areas: Owners, GC/CM, A/E, and Supplier. Include the Company Name, Contact Name, Contract Title, Phone Number, Email, and Address.

F. OTHER INFORMATION

***If the answer to any of the following questions is yes, please provide a separate sheet with an explanation of the answer.*

Has your Company had any business or professional license suspended or revoked in the past five years?

Yes _____ No _____

Has your Company ever defaulted, been terminated for cause, or failed to complete any work awarded to it?

Yes _____ No _____

Has any Officer or Principal of your Company ever defaulted, been terminated for cause, or failed to complete any work awarded to that person or entity in their name or on behalf of another company?

Yes _____ No _____

Does your Company have any judgments, claims, arbitration proceedings or suits pending or outstanding against your Company or its Officers?

Yes _____ No _____

Has your Company files any lawsuits or requested arbitration with regard to construction contracts with the past five (5) years?

Yes _____ No _____

Has any Officer or Principal of your Company ever been an Officer or Principal of another Company when it failed to complete a construction contract?

Yes _____ No _____

Has an Officer or Principal of your Company ever been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under State or Federal Law?

Yes _____ No _____

Has an Office or Principal of your Company ever been the subject of any State or Federal Suspension or Disbarment?

Yes _____ No _____

Has an Officer or Principal of your Company ever been the subject of any formal proceeding or consent order with a State or Federal Environmental Agency involving a violation of State or Federal Environmental Laws?

Yes _____ No _____

G. FINANCIAL INFORMATION

Please provide Financial Statements (Audited Statements are preferred) for the past three (3) years including a Balance Sheet and Income Statement showing Current Assets (including but not limited to Cash, J/V Accounts, Accounts Receivable, Notes Receivable, Accrued Income, Deposits, Materials Inventory, Prepaid Expenses), Net Fixed Assets, Other Assets, Current Liabilities (including but not limited to Accounts Payable, Notes Payable, Accrued Expenses, Provision for Income Taxes, Advances, Accrued Salaries, Accrued Payroll Taxes), and Other Liabilities (including but not limited to Capital, Capital Stock, Authorized and Outstanding Shares per Values, Earned Surplus).

Name & Address of Firm Preparing Financial Statements:

_____
_____
_____

Are these Financial Statements for the Company seeking Prequalification? If not, please explain the relationship between the companies including the financial responsibilities.

Yes _____ No _____

_____
_____
_____

Has your Company or any of the Executive Officers/Partners/Owners/Principals been the subject of any bankruptcy or reorganization proceedings within the last five (5) years? If so, please describe the circumstances, status, and outcome of the proceedings.

Yes _____ No _____

SOSSAMON CONSTRUCTION
CONSTRUCTION MANAGEMENT

H. SURETY & INSURANCE INFORMATION

Surety Company Name: _____
Surety Company Address: _____

_____

Surety Agent Name & Phone Number: _____

Aggregate Bonding Capacity: _____
Bonding Limit per Project: _____

***Please provide a current letter from your Surety Company on their letterhead addressed to Sossamon Construction which confirms the information provided above.*

Bond Rate: _____

Insurance Company Name: _____
Insurance Company Address: _____

_____

Insurance Agent Name & Phone Number: _____

***Please provide a Sample Insurance Certificate on the standard Accord Form which outlines the Company's Policy Numbers, Coverage Limits, and Deductibles for Commercial General Liability, Automobile Liability, Excess/Umbrella Liability, and Workers Compensation.*

I. SIGNATURE & NOTARIZATION

The undersigned, on behalf of your Company, certifies under oath that the above provided information is true and sufficiently complete so as not to be misleading. In addition, the undersigned, is an Officer of the Company with the ability to legally bind the Company.

Company Name: _____
Officer Name: _____
Officer Title: _____
Signature: _____
Date: _____

Subscribed and sworn before me this _____ day of _____ of 20_____

Notary Public Name: _____
Notary Public Signature: _____
My Commission Expires: _____

Seal: