



PRE-QUALIFICATION FORM

Please note that this is a preliminary pre-qualification form and includes only our minimum requirements. Additional information may be requested.

GENERAL INFORMATION

Company _____ Federal ID Number _____
 Address _____ Year Business Started _____

City _____
 State _____ Zip Code _____

Main Contact _____
 Phone _____ Ext. _____ Fax _____
 Email _____

Estimating Contact _____
 Phone _____ Ext. _____ Fax _____
 Email _____
 Website _____

Union Yes No Subcontractor Vendor/Supplier

ORGANIZATION

Business Type Corporation Partnership LLC Sole Proprietor Other

List the name, title, years with the company and percent of ownership of the company's principles:

Name	Title	Yrs. w/Co	% of Ownership
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Is your company owned or controlled by a parent company or other organization?

Yes No If yes, provide name of parent company

Provide number of Office Staff Field Supervisors Field Labor

Check applicable certification(s) (Attach copies of certifications)

Minority Business Enterprise (MBE)	Small Business Enterprise (SBE)
Small Disadvantages Business (SDE)	Veteran Owned Small Business (VOSB)
8(a) Certified Small Disadvantage Business	Service Disabled Veteran Owned Small Business (SDVOSB)
Women Owned Small Business (WOSB/WBE)	Other:

LEGAL INFORMATION

If you answer yes to any of the following questions, please attach a complete explanation.

Are there any judgements, claims, arbitration proceedings or suits pending/outstanding against your firm, its officers, or principals?	Yes	No
Has your company filed any lawsuits for requested arbitration or mediation with regard to construction contracts within the last three (3) years?	Yes	No

Has your company or any organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?	Yes	No
Has your company every been assessed liquidated damages?	Yes	No
Any labor law violations?	Yes	No
Have you ever defaulted or failed to complete a contract?	Yes	No
Have you ever been terminated from a contract?	Yes	No
Have you ever had your license revoked or suspended?	Yes	No

FINANCIAL INFORMATION

Annual Volume	Current	1 yr prior	2 yrs prior
	\$	\$	\$
D&B number			

SURETY INFORMATION

Surety Company		
Broker Agent Name	Phone	Ext.
Single Project Bonding Capacity	\$	
Aggregate Bonding Capacity	\$	

INSURANCE INFORMATION

General Liability Carrier		
Effective	Expiration	
Limit \$	Insurance Broker/Agent	
	Phone	Ext.

SAFETY

Safety Professional		
Phone	Ext.	Fax
Email		

Experience Modification Rate

Please list your firm's experience modification rate (EMR) for the last three (3) years and attach written documentation from your insurance broker confirming these rates.

Year
Rate

OSHA 300 Information (List the last three (3) years of information shown below)

Year
No. of Fatalities (Column G)
No. of Cases Days Away from Work (Column H)
No. of Job Transfer or Restriction (Column I)
No. of Other Recordable Cases (Column J)
No. of Hours Worked

Has your company received any OSHA citations, fines, or jobsite fatalities in the last three (3) years?	Yes	No
If yes, please attach a detailed description (include - location, date, type of inspection, standard(s) cited, violation type, current status and steps taken to prevent a reoccurrence).		

Do you have a written safety and health program/manual? If yes, include a copy of your entire Safety & Health Manual.	Yes	No
Do your supervisors hold safety meetings? If yes, state how often.	Yes	No
Do you conduct documented new employee or promoted employee safety & health training?	Yes	No
Does your company have a Drug Free Work Program?	Yes	No
Do you conduct field safety inspections to determine compliance with applicable federal, state, local and company regulations/procedures?	Yes	No
Does your company conduct injury, incidents and near-miss investigations?	Yes	No

EXPERIENCE

Trade Categories (List the primary categories of work your firm performs)

Preferred Contract Size

Up to \$50K Up to \$100K Up to \$500K Up to \$1M \$1M+

Geographic Areas of Work (Select Pennsylvania counties listed below)

Berks Chester Dauphin Lancaster Lebanon Lehigh Schuylkill
Other:

Please list additional branch office locations.

REFERENCES

Performance References

Project Name	Subcontract Value \$
Company Name	Phone Ext.
Contact Name	Email
Project Name	Subcontract Value \$
Company Name	Phone Ext.
Contact Name	Email
Project Name	Subcontract Value \$
Company Name	Phone Ext.
Contact Name	Email

Credit References

Company Name	Phone Ext.
Address	Contact
Company Name	Phone Ext.
Address	Contact
Company Name	Phone Ext.
Address	Contact

PAST PROJECT INFORMATION

Attach the company's project experience for the last three (3) years including scope of work, contract amount and completion date.

ADDITIONAL INFORMATION

Please attach any additional information to help determine your company's qualifications and expertise.

Please make sure to include the following:

Insurance Certificate

Health & Safety Manual

Project experience record for last three (3) years

Any additional clarification paperwork as requested

SIGNATURE

By signing this form, I certify that the information provided therein is accurate, correct and true.

Signature : _____

Date

Printed Name

Phone

Ext.

Title

Email