



Subcontractor Prequalification Form

Date: _____

TRADE(S) OF WORK: _____

COMPANY:

Company Name: _____

Address: _____

Phone: _____

FAX: _____

Contact Name: _____ E-Mail Address: _____

Type of Company: Corporation _____ Partnership _____ Sole proprietorship _____

Principal: _____

Principal: _____

Date Formed: _____ Federal Tax ID# _____

Average work in place during last 5 years \$ _____ Work under contract \$ _____

Average project size in place last year \$ _____ Uncompleted backlog \$ _____

Largest Job in the last 3 years \$ _____ Desired project size \$ _____

Number of Employees: Office _____ Field _____ Shop _____

Where are licensed to be business: _____

List the appropriate trade and/or CSI classifications that you intend to bid on: _____

List the geographical areas in which you work: _____

List all building types the company has worked (High rise office buildings, retail etc): _____

LABOR

Does the company have any union agreements? Yes _____ No _____

If yes, please list: _____

MINORITY/SMALL BUSINESS CERTIFICATION

Is your firm certified? If yes, please check below:

MBE _____ WBE _____ SBE _____ DBE _____ DVBE _____ LSDBE _____

Other _____

Certifying Agency(s): _____

Certification Number s): _____ Expiration: _____

Is firm in compliance with all EEO Requirements? Yes _____ No _____

BONDING CAPACITY

Are you able to bond projects? Yes _____ No _____

Bonding rate: _____

Single project limit: \$ _____

Aggregate Limit: \$ _____

Bonding Company: _____

Agent: _____

Agent Address: _____

Agent Telephone No.: _____

Last Rating: _____

Has firm ever failed to complete a contract? Yes _____ No _____

Has firm ever been involved in Bankruptcy or Re-Organization? Yes _____ No _____

Are there any claims against the firm? Yes _____ No _____

Are there any pending judgments against the firm? Yes _____ No _____

IN the last 5 years has your organization failed to complete any contract work? Yes _____ No _____

If yes, please explain: _____

SAFETY

Experience Modification Rate (EMR) for the past three years:

Current _____ 1st Prior Year _____ 2nd Prior Year _____

Does the company have a written safety program and/or policies? Yes _____ No _____

Does the company have a written drug policy? Yes _____ No _____

Does the company employ a full-time safety professional? Yes _____ No _____

In the past three years has the firm been cited for any serious (as defined by OSHA) Violations:

Yes _____ No _____ If yes, please explain: _____

INSURANCE

Do you acknowledge that your insurance policies are current and have the minimum coverage as specified in our Insurance Requirements listing? Yes _____ No _____

Insurance Company: _____

Agent Name: _____

Agent Address: _____

Agent Phone Number: _____

Policy Expiration Date: Liability _____ Workman’s Comp _____ Umbrella _____

BANK REFERENCES

Does the company have a line of credit from any lending institution? Yes _____ No _____

Lender Name/Address: _____

Line \$ _____ Average amount utilized \$ _____

COMPLETED PROJECTS: Representative projects completed in the last three (3) years.

Name of Project: _____
Description: _____
Contracting Company: _____
Telephone: _____ FAX: _____
Contact Name: _____ E-mail: _____
Contract Amount: \$ _____ Completion Date: _____

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Contracting Company: _____
Telephone: _____ FAX: _____
Contact Name: _____ E-mail: _____
Contract Amount: \$ _____ Completion Date: _____

Name of Project: _____
Description: _____
Contracting Company: _____
Telephone: _____ FAX: _____
Contact Name: _____ E-mail: _____
Contract Amount: \$ _____ Completion Date: _____

CURRENT PROJECTS: Representative projects currently under construction.

Name of Project: _____
Description: _____
Contracting Company: _____
Telephone: _____ FAX: _____
Contact Name: _____ E-mail: _____
Contract Amount: \$ _____ Percent Complete: _____

Name of Project: _____
Description: _____
Contracting Company: _____
Telephone: _____ FAX: _____
Contact Name: _____ E-mail: _____
Contract Amount: \$ _____ Percent Complete: _____

TRADE REFERENCES:

Company name: _____
Address: _____
Phone number: _____ Fax Number: _____
Contact name: _____ E-mail Address: _____

Company name: _____
Address: _____
Phone number: _____ Fax Number: _____
Contact name: _____ E-mail Address: _____

Company name: _____
Address: _____
Phone number: _____ Fax Number: _____
Contact name: _____ E-mail Address: _____

Company name: _____
Address: _____
Phone number: _____ Fax Number: _____
Contact name: _____ E-mail Address: _____

INTERNET

Does the company have internet access? Yes _____ No _____
Does the company have a web site: Yes _____ No _____
If yes, please provide the address: _____

Please submit the Subcontractor Prequalification Information attention Estimating Department at:

By Mail: 7910 Woodmont Avenue
Bethesda, Maryland 20814
By FAX: 301/907-7248
By E-mail: Estimating@AbramsonConstruction.com

I hereby certify that, to the best of my knowledge, all of the information provide on this form is true and correct and that in signing this form, I consent and agree to allow Abramson Construction Corporation to investigate the information provided herein. I understand that this form is part of our solicitation to provide subcontract work and in no way obligates Abramson to use our services.

Agreed:
BY: _____ Name: _____ Title: _____
Date: _____