

**Company Information**

Company Name:		Company Website:	
President/Owner/Partner Name:		Other Contact Name/Title:	
Address/City/State/Zip:			
Phone: (____) _____ - _____		Contact Email:	
Fax: (____) _____ - _____		Other Contact Email:	
Construction Trade Association Membership: <input type="checkbox"/> None <input type="checkbox"/> Associated Builders and Contractors <input type="checkbox"/> American Subcontractors Association <input type="checkbox"/> Other: _____			

**Structure of Company**

<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> General or Limited <input type="checkbox"/> Joint Venture	
Date of Establishment: ___/___/___	State where Established:
List of states/metro area in which authorized to do work (please include license # if applicable) <input type="checkbox"/> VA (License: _____) <input type="checkbox"/> MD (License: _____) <input type="checkbox"/> DC (License: _____)	
<input type="checkbox"/> Federal ID: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
Contractor parent company (company name/president/address/phone):	# of Employees (office and field):

**Company Profile**

<b>Type of Company</b> <input type="checkbox"/> Subcontractor (Furnish & Install) <input type="checkbox"/> Subcontractor (Install Only) <input type="checkbox"/> Supplier ( Materials Only)	
CSI Number(s): _____	SIC Number(s): _____
<b>Project Size: (Check ALL that apply)</b> <input type="checkbox"/> \$250,000 or below <input type="checkbox"/> \$251,000 - 499,000 <input type="checkbox"/> \$500,000 - 999,000 <input type="checkbox"/> \$1,000,000 or more	
<b>Types of Projects: ( Check ALL that Apply)</b> <input type="checkbox"/> Schools <input type="checkbox"/> Government <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Lodging <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	

## Company Profile

Geographic Work Areas: (Check ALL that Apply)

Wash. DC Area  Richmond  Norfolk  Baltimore  Other: \_\_\_\_\_

Certified Minority Business Enterprise Contractor (MBE)?  Yes  No

Certified by: \_\_\_\_\_

Certified Woman Business Enterprise Contractor (WBE/DBE)?  Yes  No

Certified by: \_\_\_\_\_

Do you have experience with LEED/green buildings?

Yes  No

## Bonding & Insurance

Name of Bonding Agency:

Relationship Officer:

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Bonding Company:

A.M. Best Rating of Bonding Company:

Bonding Capacity Single Job: \$ \_\_\_\_\_

Bonding Capacity Aggregate: \$ \_\_\_\_\_

**Please attach workers comp and general liability insurance certificates**

What is your workers comp EMR (experience modification rate) for the last 3 years?

Year \_\_\_\_\_ EMR \_\_\_\_\_ Year \_\_\_\_\_ EMR \_\_\_\_\_ Year \_\_\_\_\_ EMR \_\_\_\_\_

**Please attach copy of previous year's OSHA 300 form**

## Work in Progress

Amount of work under contract:     \$ \_\_\_\_\_

Amount of that work not yet completed:     \$ \_\_\_\_\_

### Trade References:

Please list three trade/vendor references with whom you have worked for in the last year.

1. Name:  Address:  City/State/ZIP:	Contact:  Contact Phone Number/Cell Number:
2. Name:  Address:  City/State/ZIP	Contact:  Contact Phone Number/Cell Number:
3. Name:  Address:  City/State/ZIP:	Contact:  Contact Phone Number/Cell Number:

### General Contracting References:

Please list three general contractors with whom you have worked for in the last 2 years.

1. Name:  Address:  City/State/ZIP:	Contact:  Contact Phone Number/Cell Number:
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**General Contracting References:**

Please list three general contractors whom you have worked for in the last 2 years.

<p>2.</p> <p>Name:</p> <p>Address:</p> <p>City/State/ZIP:</p>	<p>Contact:</p>
<p>3.</p> <p>Name:</p> <p>Address:</p> <p>City/State/ZIP:</p>	<p>Contact Phone Number/Cell Number:</p>
<p>3.</p> <p>Name:</p> <p>Address:</p> <p>City/State/ZIP:</p>	<p>Contact:</p>
<p>3.</p> <p>Name:</p> <p>Address:</p> <p>City/State/ZIP:</p>	<p>Contact Phone Number/Cell Number:</p>

**Credit Authorization**

The submitter of this pre-qualification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the references may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms?  Yes  No

Dunn & Bradstreet # \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Return Completed Form ATTN: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Fax: \_\_\_\_\_

Please complete requested information on company's recent major construction projects either completed or in progress; or attach list. (Please make additional copies as needed).

Name of project		Name of project	
Client/Owner		Client/Owner	
General Contractor		General Contractor	
Location		Location	
Contract Value	\$	Contract Value	\$
Description of Work being Performed		Description of Work being Performed	
Architect/Engineer		Architect/Engineer	
General Contractor Contact		General Contractor Contact	
Phone Number		Phone Number	
Completion (Planned) Date		Completion (Planned) Date	

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Completion (Planned) Date		Completion (Planned) Date	

I CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_