

SUBCONTRACTOR PREQUALIFICATION FORM

GENERAL INFORMATION

Legal Company Name: _____

Other Names Operating under: _____

Main Office Address: _____

Main Office Phone Number: _____ Main Office Fax Number: _____

Website: _____

KEY PERSONNEL:

List Corporate Officers, position and email address:

Authorized Signer Name: _____ Email: _____

Address: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Billing Contact Name: _____

Billing Address: _____

Billing Phone Number: _____ Fax Number: _____ Email: _____

Estimating Contact Name: _____ Email: _____

Estimating Address: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Type of Organization (Corp, LLC, Partnership) _____ Year Established: _____ State: _____

Trades interested in bidding (be specific):

MBE/WBE Certifications/Classifications/States:

List the States in which the firm is licensed to do business and license number:

List geographic areas of work:

Union Shop? Y / N If yes, Local #: _____

RECENT PROJECT INFORMATION

List 3 of the largest projects completed in the last 5 years:

Name & Location: _____ Year: _____ Contract Amt: _____
 Scope: _____ GC Name & Contact: _____

Name & Location: _____ Year: _____ Contract Amt: _____
 Scope: _____ GC Name & Contact: _____

Name & Location: _____ Year: _____ Contract Amt: _____
 Scope: _____ GC Name & Contact: _____

List 3 Main Suppliers:

Name: _____
 Address: _____
 Contact Name: _____ Phone: _____ Fax: _____

Name: _____
 Address: _____
 Contact Name: _____ Phone: _____ Fax: _____

Name: _____
 Address: _____
 Contact Name: _____ Phone: _____ Fax: _____

List 3 Main Sub-subcontractors (if applicable):

Name: _____
 Address: _____
 Contact Name: _____ Phone: _____ Fax: _____

Name: _____
 Address: _____
 Contact Name: _____ Phone: _____ Fax: _____

Name: _____
 Address: _____
 Contact Name: _____ Phone: _____ Fax: _____

SAFETY INFORMATION

Current Employer Exp. Rating: _____

Do you have a written Safety Program? _____

Safety Manager Name & Phone Number: _____

<u>INSURANCE</u>	
Name of Agent: _____	Phone: _____
Address: _____	
Provide current certificate of insurance.	
Name of Bonding Agent: _____	Phone: _____
Address: _____	
Name of Bonding Company: _____	Phone: _____
Address: _____	
Maximum bonding capacity/job: _____	Aggregate: _____
Date & amount of last bond: _____	

<u>FINANCIAL/BANKING</u>
Bank Name: _____
Address: _____
Contact Name: _____ Phone: _____ Fax: _____ Email: _____
If any answers are Yes, please attach explanation:
Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?
Please list any outstanding judgments, claims, or litigation brought against your company in the past five years asserting that you failed to make payment to anyone.

<u>AUTHORIZATION</u>
I, <insert name and title> _____ certify the foregoing information to be accurate and complete to the best of my knowledge. I recognize that Chesapeake Contracting Group, Inc. will rely on the accuracy of the information and responses provided in this application in extending and evaluating bid invitations and contracting opportunities. In addition, to facilitate preliminary and future evaluations, Chesapeake Contracting Group, Inc. is hereby given permission to contact the individuals and/or firms referenced in this prequalification to obtain information needed to complete their evaluation.
_____ Company Name
_____ Authorized Signature
_____ Date

Internal Use Only
CC A/P _____
CC VP (all) _____
CC PM (init) _____