



SUBCONTRACTOR/SUPPLIER PREQUALIFICATION APPLICATION



1. General Information

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Telephone Number (s): _____ Fax Number: _____

Email Address: _____

Key Contact: _____

Title: _____

Telephone Number (s): _____

Perspective Bid Package (s) or Materials to Supply: _____

Year Company Started: _____

Is your company MBE and/or WBE (check as appropriate): MBE WBE

Volume of work:	2009	\$	_____
	2010	\$	_____
	2011	\$	_____

Does your company have a formal safety plan (Y/N)?

Is this safety plan available to be reviewed online (Y/N)? If not, please attached. _____

Web address: _____

Most recent workman's compensation rates for the trades employed by your company:

EMR: 2009 _____ 2010 _____ 2011 _____

As an attachment, provide one (1) page explanation of Insurance Coverage and limits customarily carried by your company.

Is your company able to work multiple shifts (Y/N)? _____

If your company belongs to a Mechanical, Electrical or Plumbing specialty, does it have design capabilities (Y/N)? _____

Have your company ever failed to complete a project (Y/N)? _____

If yes, on separate sheet please provide explanation on why project was not completed on time.

Company Name: _____

2. Financial References

Name of Financial Institution: _____

Contact name: _____

Contact Telephone Number: _____

Financial Statement is attached* _____

*Financial Statement should include : Income Statement and Balance Sheet with details. Current assets, current liabilities, capital stock, dates of statement and balance sheet.

If you are a Subcontractor, can you provide a Performance and Payment Bond (Y/N)? _____

State your company's bonding capacity: _____

State your company's available bonding capacity: _____

3. Business References

Major material suppliers

Business Name: _____

Trade: _____

Contact Name: _____

Contact Telephone Number: _____

Business Name: _____

Trade: _____

Contact Name: _____

Contact Telephone Number: _____

Business Name: _____

Trade: _____

Contact Name: _____

Contact Telephone Number: _____

Subcontractor who have worked with your company for at least three years

Business Name: _____

Trade: _____

Contact Name: _____

Contact Telephone Number: _____

Business Name: _____

Trade: _____

Contact Name: _____

Contact Telephone Number: _____

4. Fast track project experience

On a separate sheet of paper, list all fast track projects your company has been involved in the past. This list should include: Project name, date of project commencement, date of contracted completion, date of actual completion and percent of work completed by own forces.

Company Name: _____

5. Work Experience

Educational Projects of a similar nature completed by your company in the past ten (10) years

5.1 Project Name: _____
Project Owner: _____
Contact Telephone Number: _____
Architect: _____
Brief project description: _____

Project size (square feet): _____
Initial contract amount: _____
Final contract amount: _____
Date of contracted completion: _____
Date of actual completion: _____
Percent of work completed by own forces: _____

Describe the extra cost and the reasons for extra cost incurred by the owner.

Names of your project team

Principal in charge: _____
Project Manager: _____
Field Superintendent: _____

5.2 Project Name: _____
Project Owner: _____
Contact Telephone Number: _____
Architect: _____
Brief project description: _____

Project size (square feet): _____
Initial contract amount: _____
Final contract amount: _____
Date of contracted completion: _____
Date of actual completion: _____
Percent of work completed by own forces: _____

Describe the extra cost and the reasons for extra cost incurred by the owner.

Names of your project team

Principal in charge: _____
Project Manager: _____
Field Superintendent: _____

Company Name: _____

5.3 Project Name: _____

Project Owner: _____

Contact Telephone Number: _____

Architect: _____

Brief project description: _____

Project size (square feet): _____

Initial contract amount: _____

Final contract amount: _____

Date of contracted completion: _____

Date of actual completion: _____

Percent of work completed by own forces: _____

Describe the extra cost and the reasons for extra cost incurred by the owner.

Names of your project team

Principal in charge: _____

Project Manager: _____

Field Superintendent: _____

The signer representing this company certifies that the above information is true and correct.

Signature _____

Name: _____

Title: _____

Date: _____

Return to: Wight & Company
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