

**MELHORN CONSTRUCTION
SUBCONTRACTOR PREQUALIFICATION FORM**

TRADE(S) OF WORK _____

Union Affiliation _____

SUBCONTRACTOR

Company Name _____

Complete Address _____

Phone Number _____ Fax number _____

Contact Name _____ E-mail address _____

Federal Tax ID # _____

Type of Company: Corporation Partnership Sole Proprietorship

Date formed _____ Number of Employees: Salaried _____ Hourly _____

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

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

Size of projects preferred \$ _____ Project location preferred _____

Does the company have offices, plants or warehouses at other locations? Yes No

If yes, list addresses. _____

MBE/WBE/SBE/DBE/DVBE CERTIFICATION

Is the company certified? MBE WBE SBE DBE DVBE

Certifying Agency(s) _____

BONDING CAPACITY

Are you able to bond projects? Yes No Bonding Rate _____%

Single project limit _____ Aggregate limit _____

Bonding Company/Address _____

Agent Name/Phone # _____

INSURANCE INFORMATION

Workmen's Compensation Modifier _____

General Liability Limits: \$ _____ per occurrence \$ _____ aggregate

Insurance Company/Address _____

Agent Name/ Phone # _____

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

Amt. of Credit	Outstanding Balance	Lender's Name/Address	Lending Officer's Name/Phone #
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPLETED PROJECTS List four (4) representative projects completed in the last five (5) years.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount	Completion Date
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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CURRENT PROJECTS List four (4) representative projects currently under construction.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount	% Completed

TRADE REFERENCES List three (3) of your subcontractors or suppliers.

Company Name	Address	Phone Number	Contact Name

CLIENT REFERENCES List three (3) clients.

Company Name	Address	Phone Number	Contact Name

OTHER INFORMATION In the past five years, has the company...

- operated under any other name? Yes No
- had any liens filed against it by any of its subcontractors or suppliers? Yes No
- ever failed to complete a contract, been defaulted, or had a contract terminated? Yes No
- had liquidated damages assessed against it upon completion of a project? Yes No
- or any of its key people been a party to a bankruptcy or reorganization proceeding? Yes No
- or any of its key people been involved in any lawsuit arising from a project? Yes No
- or any of its key people been investigated for or found to have committed a violation of any labor laws? Yes No
- or any of its key people been investigated for or found to have committed a serious OSHA violation (you can research this at <http://www.osha.gov/oshstats/>)? Yes No
- or any of its key people been investigated for or found to have committed a violation of state, federal, or local laws? Yes No

Give details for any yes answer. (Use separate sheet if need.) _____

Signature _____
Print Name _____
Title _____
Date _____
Contractor's License No. _____

Please attach:
 ___ Key Personnel Resumes
 ___ Insurance Certificate
 ___ Copy of all Contractor's Licenses
 ___ Any additional information