

CONTRACTOR'S PREQUALIFICATION STATEMENT

SUBMIT TO:

SUBMITTED BY:

NAME

Evans General Contractors
705 Hembree Place
Roswell, GA 30076
Office: 678-713-7616
Fax: 678-713-7617

Firm: _____

Address: _____

City: _____

State / Zip: _____

Phone / Fax: _____

Date: _____

Scope of Work: _____

Contact Person: _____ Email: _____

TYPE OF FIRM:

Corporation Partnership Individual Other (provide explanation)

Years in business as Contractor under present firm name: _____

Provide information which would indicate the size and capacity of your organization, including the number of permanent employees engaged in (do not count the same employee twice):

Estimating: _____ Field Supervision: _____
Accounting: _____ Clerical: _____
Management: _____

Is your organization a registered MBE/WBE contractor: Yes No

Is your organization currently registered with Dunn & Bradstreet? Yes No
If yes, what is your D & B #? _____

What is your organization's current worker's compensation Experience Modification Rate (EMR)? _____
(Please attach current NCCI Worker's Compensation Worksheet)

What is your organization's OSHA Incident Rate? _____
(Please attach a copy of your organization's OSHA / MSHA citation record for the past 4 years)

What is your organization's Loss Time Rate? _____
(Please attach a copy of your organization's OSHA 300 & 300A logs for the past 3 years)

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

Has any officer, partner or owner of firm ever been an officer, partner or owner of another firm when it failed to complete a contract? Yes No

Has your firm had any subcontractors fail to complete a contract in last five years? Yes No

Are there any judgments, claims or suits pending or outstanding against your firm? Yes No

Has your firm been a party to any lawsuits or requested arbitration with regard to construction projects in the last five years? Yes No

(If answer to any of the above questions is yes, please provide explanation.)

Please list four different general contractors and owners for whom you have performed similar scopes of work.

A. _____
(Project)

(Owner's Representative & Phone Number)

(General Contractor)

(Contact, Phone Number)

(Approximate Value)

B. _____
(Project)

(Owner's Representative & Phone Number)

(General Contractor)

(Contact, Phone Number)

(Approximate Value)

C. _____
(Project)

(Owner's Representative & Phone Number)

(General Contractor)

(Contact, Phone Number)

(Approximate Value)

D. _____
(Project)

(Owner's Representative & Phone Number)

(General Contractor)

(Contact, Phone Number)

(Approximate Value)

Please list two Credit and / or Banking references.

A. _____
(Name of Institution)

(Street Address)

(City, State, Zip)

(Contact, Phone Number)

(Account Number)

B. _____
(Name of Institution)

(Street Address)

(City, State, Zip)

(Contact, Phone Number)

(Account Number)

Please list four Supplier / Vendor References.

A. _____
(Name of Institution)

(Street Address)

(City, State, Zip)

(Contact, Phone Number)

B. _____
(Name of Institution)

(Street Address)

(City, State, Zip)

(Contact, Phone Number)

C. _____
(Name of Institution)

(Street Address)

(City, State, Zip)

(Contact, Phone Number)

D. _____
(Name of Institution)

(Street Address)

(City, State, Zip)

(Contact, Phone Number)

FIVE LARGEST PROJECTS COMPLETED IN LAST FIVE YEARS:

Project	General Contractor's Representative & Phone Number	Contract Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
Average annual billing for last five years:		\$ _____
Last year's billing:		\$ _____

MAJOR PROJECTS UNDER CONTRACT:

Project	% Complete & Completion Date	General Contractor	Contract Amount
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Total projects under contract: (including those not listed above)			\$ _____
Percent negotiated projects under contract:			% _____

CURRENT PROJECTS FOR WHICH YOUR FIRM IS A CANDIDATE FOR CONTRACT AWARD (INDICATE SIZE AND SCHEDULE):

PROJECT MANAGERS, FIELD SUPERINTENDENTS AND CONSTRUCTION EXPERIENCE:

Name	Title	Yrs w/Firm	Yrs Experience

(Use explanations section for additional space if needed.)

OFFICERS, PARTNERS OR OWNERS AND CONSTRUCTION EXPERIENCE:

Name	Title	Yrs w/Firm	Yrs Experience

Can your organization provide a payment and performance bond on this project? _____. If yes, please provide a letter from your surety stating that they can and will provide a payment and performance bond if required. This letter must be from your *surety company* and not your *surety agent*, unless a proper power of attorney is provided.

What is your bond rate for this project? _____%

Please list the names of your bonding agent and surety.

<p>A. _____ <small>(Bonding Agent)</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>(Contact, Phone Number)</small></p>	<p>B. _____ <small>(Surety)</small></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>(Contact, Phone Number)</small></p>
---	--

FINANCIAL STATEMENT:

CPA Firm:

THE ANSWERS TO THE FOREGOING QUESTIONS AND ALL STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.

Firm: _____ Signature: _____

By: _____ Date: _____

Title: _____ Attest: _____

(Corporate seal)