

# Prequalification Form



ORGANIZATION INFORMATION						
Federal Tax ID #			<i>Attach or send W9 form</i>			
Dunn & Bradstreet #						
Company Name:						
Mailing Address:						
City:		State:		Zip:		
Phone:		Fax:				
Website:						
Other Branches:						
Years In Business:		Subcontractor or Supplier:				
Contact First Name:	Contact Last Name:		Contact Title:			
Contact Phone:	Contact Fax:		Contact Email:			
Organization Type: ( <i>Corp., LLC., etc.</i> )						
State of Organization:		Date of Organization:				
Key Personal Name #1	Key Personal Title #1		Years at Company			
Key Personal Name #2	Key Personal Title #2		Years at Company			
List the trades that your company performs:						
List the trades that your company subcontracts out:						
List the states where your company performs work:						

# Prequalification Form



<b>BUSINESS CLASSIFICATIONS &amp; LEGAL</b>		
<b>Employee Breakdown</b>		
# Management Staff	# Field Labor	# Other Employees
<b>Business Classifications</b>		
Company union affiliations:	Agency name and any license numbers:	
<b>Minority Classification - Attach or send your certifications:</b>		
If your indicated other, please explain in detail below:		
<b>Legal</b>		
Does your company or any Principals of your company have any judgements pending? If YES please explain:	Y/N	
In the past 3 years has your company defaulted, been terminated for cause or failed to complete a construction contract on time? If YES please explain below:	Y/N	
Does your company or Principal have any litigation arising from the company's active projects or a project worked on it the past 3yrs? If YES please explain below:	Y/N	
Has your company or Principal filed for bankruptcy, or had any company reorganizations in the Last 10 years? If YES please explain below:	Y/N	

# Prequalification Form



PROJECT HISTORY					
<b>Past Projects</b>					
<i>#1 Project Name:</i>					
Project Mrg / GC:		Owner:			
Project Contact:		Phone #			
Project Location:		Price \$			
Completion Date:					
Work Performed:					
<i>#2 Project Name:</i>					
Project Mrg / GC:		Owner:			
Project Contact		Phone #			
Project Location:		Price \$			
Completion Date:					
Work Performed:					
<i>#3 Project Name:</i>					
Project Mrg / GC:		Owner:			
Project Contact		Phone #			
Project Location:		Price \$			
Completion Date:					
Work Performed:					
<b>Current Projects</b>					
<i>#1 Project Name:</i>					
GC/CM:		Location			
Contact Name:		Phone #			
Contract \$:		Completed:			
Completion Date:					
Work Confirmed:					
<i>#2 Project Name:</i>					
GC/CM:		Location			
Contact Name:		Phone #			
Contract \$:		Completed:			
Completion Date:					
GC/CM:					
<i>#3 Project Name:</i>					
GC/CM:		Location			
Contact Name:		Phone #			
Contract \$:		Completed:			
Completion Date:					
GC/CM:					
Your company's single largest contract completed in the last 3 years, include scope:					
<b>Volume</b>	Last Year		2 Years Ago		3 Years Ago
What size of work would you prefer to preform?					
What is your current backlog?					

# Prequalification Form



<b>REFERENCES</b>			
<b>General Contractor / Construction Manager / Other References</b>			
<i>#1 GC/CM/Owner Name:</i>			
Address:			
Contact Name:		Phone #	
Contact Email Address:			
<i>#2 GC/CM/Owner Name:</i>			
Address:			
Contact Name:		Phone #	
Contact Email Address:			
<i>#3 GC/CM/Owner Name:</i>			
Address:			
Contact Name:		Phone #	
Contact Email Address:			
<b>Supplier References</b>			
<i>#1 Supplier Name:</i>			
Address:			
Contact Name:		Phone #	
Contact Email Address:			
<i>#2 Supplier Name:</i>			
Address:			
Contact Name:		Phone #	
Contact Email Address:			
<i>#3 Supplier Name</i>			
Address:			
Contact Name:		Phone #	
Contact Email Address:			
<b>Surety</b>			
Can your company provide a performance and payment Bond?		Yes / No	
If Yes. Please provide the following:			
Surety Company Name:			
Address:			
Contact Email Address:		Phone #	
Single Bond Limit:		Aggregate Bond Limit:	
Does your current insurance meet NDC's requirements listed?		Yes / No	
If No – where are you deficient:			
Commercial General Liability:			

# Prequalification Form



<b>INSURANCE</b>		
It is required that your insurance meets NDC's requirements below		
Will you meet these requirements?	Yes / No	
<p><b>Commercial general liability insurance</b> in amounts of not less than \$1,000,000 per occurrence (combined single limit), \$2,000,000 general policy aggregate and \$1,000,000 product-complete operations aggregate. Such aggregate amounts of insurance shall apply separately to the Project. The Subcontractors commercial liability insurance shall apply as primary insurance with respect to any other insurance maintained by the Owner.</p>		
<p><b>Contractors professional liability</b> in an amount of not less than \$1,000,000 in the aggregate.</p>		
<p><b>Comprehensive automobile insurance</b> in the amount of not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate covering liability arising out of any owned, non-owned or hired vehicle utilized by the Subcontractors in conjunction with the Project.</p>		
<p><b>Workers compensation insurance</b> providing statutory benefits to all employees of the Subcontractor directly through the Subcontractor and not limited to employees or scheduled employees of a payroll service or leasing company and employer's liability coverage in an amount of not less than \$500,000; and such workers compensation insurance shall also extend to provide benefits to Sub-Subcontractors, delivery personnel, and sales people associated with Subcontractors work scope, in any manner should that employee not be covered by their own employers compensation insurance.</p>		
<p><b>Excess or umbrella liability</b> in an amount of not less than \$5,000,000 (combined single limit) which follows the form of all underlying liability insurance (excepting contractors' professional liability) maintained by the Subcontractor pursuant to the contract.</p>		
<p>The Owner shall care the builder's risk insurance. The builder's risk policy will have a deductible amount per incurrence of \$5,000 or more. <b>Subcontractors will be responsible for the entire deductible amount of any claim made against the Owner's builder's risk policy</b></p>		

# Prequalification Form



<b>SAFETY</b>					
Does your company have a written Safety Program?				Yes / No	
If Yes, please attach or send a copy.					
Does your company have a designated Safety Officer?				Yes / No	
If Yes, please provide the following information:					
Safety Officer's Name					
Safety Officer's Phone #					
Safety Officer's Email Address					
Does your company have a drug and/or alcohol testing policy?				Yes / No	
If Yes, please attach or send a copy.					
Does your company have a new employee orientation plan?				Yes / No	
If Yes, please attach or send a copy.					
Attach or send your company's OSHA #300 & 300A Summary of Occupational Injuries & Illnesses for the past three years.					
List the number of OSHA CITATIONS received in the last three years below:					
Last Year		2 Years Ago		3 Years Ago	
List the total NUMBER OF MAN HOURS worked in the last three years below:					
Last Year		2 Years Ago		3 Years Ago	
List your total RECORDABLE INCIDENT RATE for the last three years below:					
Last Year		2 Years Ago		3 Years Ago	
List your company's EXPERIENCE MODIFICATION RATE (EMR) for the last three years below:					
Last Year		2 Years Ago		3 Years Ago	
Attach or send your company's EMR documentation					

# Prequalification Form



<b>FINANCIAL</b>			
When does your company's financial year end?			
Please send, in a separate envelope marked "Private & Confidential" audited financial statements for the past 2 years, including latest balance sheet, income statement & footnotes and auditor's statement.			
When does your company have access to extended credit?			Yes / No
If yes, what is your total line of credit?			
What is your available line of credit?			
Bank Name			
Bank Contact Name			
Contact phone #			
Contact Email Address:			
<b>SUBCONTRACTORS / SUPPLIERS COMMENTS:</b>			
<i>Authorized Representative Signature:</i>			
<i>Title</i>		<i>Date</i>	
<p><i>Please Return To:</i>  <b>NDC Construction Company</b>  <b>1001 Third Avenue West, Suite 600</b>  <b>Bradenton, FL 34205</b>  <b>Attn: Michael Hollowell, Chief Estimator</b></p> <p><a href="mailto:michaelh@ndcconstruction.com">michaelh@ndcconstruction.com</a></p>			