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SUBCONTRACTOR PROFESSIONAL SERVICES PREQUALIFICATION FORM

Updated September 2008

Prequalification form will NOT be accepted unless it is completed in its entirety and signed.

Business Information

Date Completed: _____

Company Name: _____

Address: _____

If corporate office check here:

Primary contact: _____

Phone: _____ Fax: _____

E-Mail: _____

Other Branch Offices: _____

Design/Build Experience: Yes No
If yes, engineering staff is: Internal External

Years in Business Under Present Name: _____ Years

Previous Business Name or Employment if less than five (5) years: _____

Status: Union Non-Union

Employer Identification No.: _____

State Contractors License No.: _____

Company Type: Corporation Partnership LLC Individual
 DBA Joint Venture Sole Proprietor

Immigration Status or US Citizenship of all your company's Employees has been documented and confirmed by your company? Yes No

Average Contract Size over the last five (5) years: _____

Average Annual Revenue over the last five (5) years: _____

Work Performed

List the categories or CSI sections that your organization normally performs: _____

Check the categories your company has experience in:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education K-12 | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Condos | <input type="checkbox"/> Single Family Homes |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Retail | <input type="checkbox"/> Other Commercial _____ |

Geographic are and any limitations: _____



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Business Classification

Does your business meet a special classification: Yes No
If yes, please complete the remainder of this section and attach appropriate documentation.
 Minority Owned Woman Owned Small Business
 HubZone Veteran Owned Disadvantaged Business
 Other1 Other2 Other3

Minority Certification Status: N/A Self Public Private
(Copy Required)

City: _____ NMSDC Affiliates: _____
State: _____ (National Minority Supplier Dev. Council)
Country: _____

Insurance

Does your company meet Norquay Construction's minimum standard insurance requirements?
 Yes No *Requirements are listed on the back page of this Prequalification Form*

Bonding

Is your company bondable? Yes No
If N/A or not bondable, please provide explanation: _____
Bonding capacity in aggregate: \$ _____ Bonding capacity per project: \$ _____
(Current \$\$ Value required, DO NOT state unlimited)
Bonding Rate per \$1,000: _____
Bonding Company (Surety, no Agent): _____
(List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties {Department Circular 570})
Bonding Company A.M. Best Rating: _____
Bond Agency Contact Name: _____
Contact Phone: _____

Past Performance

Has your company ever failed to complete any awarded work in the last seven (7) years? Yes No
If yes, attach explanation.
Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years? Yes No
If yes, attach explanation.
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last seven (7) years? Yes No
If yes, attach explanation.



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Safety

How many OSHA violations has your organization incurred over the past three (3) years? _____

What is your organization's Worker's Comp EMR history for the past three (3) years and the current year?

Current _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

What is your organizations OSAH recordable incident rate for the past three (3) years and the current year?

(Number of recordables X 200,000/man-hours worked)

Current _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

How many fatalities has your organization incurred over the past three (3) years? _____

Does your organization have a written safety policy? Yes No

(A copy will be required if selected for project)

Does your organization comply with the Drug Free Work Act? Yes No

References

List contact information for three (3) owners, general contractors or construction managers for whom your organization has worked in the past five (5) years.

Company	Contact	Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List contact information for three (3) suppliers for whom your organization has purchased materials or subcontractors which your organization has hired in the past five (5) years.

Company	Contact	Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed by: _____

Type or Print

Signature

Title: _____

Date Completed: _____