

## SUBCONTRACTOR PRE-QUALIFICATION FORM

**CONTACT INFORMATION:**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Owner/Company Officer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PROFILE INFORMATION:**

Trades Performed: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type of Work Preferred:  New Construction  Remodel/Expansions  OtherTypical \$ Project Size: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Labor Affiliation:  Union  Non-Union

Dollar Range of Contracts within the last year: From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Annual Revenue each year for the past 3 years: \_\_\_\_\_

List 3 Trade References: Company, Address/City/State, Contact Person, Phone and Fax #'s

Trade Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Has your organization ever failed to complete any work awarded to it?  Yes  No

If Yes, explain: \_\_\_\_\_

Are there any judgments, claims, arbitration proceedings or suits threatened, pending or outstanding against your organization or officers?  Yes  No  
If Yes, explain: \_\_\_\_\_Has your organization been a party to any lawsuits or arbitration proceeding related to construction projects within the last five years?  Yes  No

If Yes, explain: \_\_\_\_\_

Has your organization or any officer or principal - past or present - ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, explain: \_\_\_\_\_

List 2 Projects Recently Completed:

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Trades Performed: \_\_\_\_\_ Owner/GC/CM: \_\_\_\_\_ Date Completed \_\_\_\_\_

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_ Amount: \_\_\_\_\_

Trades Performed: \_\_\_\_\_ Owner/GC/CM: \_\_\_\_\_ Date Completed \_\_\_\_\_

How many projects does your organization currently have in progress?: \_\_\_\_\_

Total Value in Progress: \_\_\_\_\_

Are you compliant with all OSHA and other regulatory safety laws? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a written company safety policy and program and will you provide copies if requested?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your company been cited for a "Serious and/or Willful" OSHA violation in the past 3 years?: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Does your organization have a substance abuse policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have general liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No Insurance Agent: \_\_\_\_\_

Do you have workman's compensation insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No Insurance Agent: \_\_\_\_\_

Bonding Rate: \_\_\_\_\_ Name of Surety: \_\_\_\_\_ Contact Name/Phone: \_\_\_\_\_

The signatory of this questionnaire guarantees to the truth and accuracy of all statements and answers provided, and will provide updated information as significant changes occur, or as requested by Park Lane Construction. The signatory understands that failure to fill out this prequalification questionnaire completely and provide all required attachments, will prevent review and processing and may disqualify contractor from consideration.

Print Name of Preparer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_ Date: \_\_\_\_\_

Fax completed form to (205) 995-9168 or e-mail to estimate@parklane-construction.com

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