



HAMANN CONSTRUCTION COMPANY
SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Name: _____

Contact Person: _____

Address, City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Federal ID#: _____

Type of work qualified to perform (masonry, steel, etc): _____

Geographical area you work in: _____

Year business started: _____ Number of Employees: _____

Has Company or any of its Owners declared Bankruptcy in last 5 years? Yes No

Is Company bondable? Yes No Single Project Limit \$_____ Total \$_____

Have you ever failed to complete a project: Yes No (if yes, explain details below)

Details: _____

Have you ever failed to complete a project on time: Yes No (if yes, explain details below)

Details: _____

Have you ever had a contract terminated due to performance: Yes No (if yes, explain details below)

Details: _____

Current Contract Backlog: _____

Do you have a Service Dept: Yes No Do you have 24-hour coverage: Yes No

SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET

Contractor's License(s)

State: _____ Number: _____

Estimating Contact: _____

Union/Signatory: Yes No Subcontractor: Vendor/Supplier:

Business Type: Corporation Partnership LLC Sole Proprietor Other

Is your company owned or controlled by a parent or any other organization? Yes No

If yes, please describe on a separate sheet.

Is your company a certified: MBE WBE DBE VBE SBE
 Native American N/A

I. Legal Information

Are there any judgments, claims, arbitration proceedings or suits pending/outstanding against your firm or its officer or principals?: Yes No

If yes, please provide a complete explanation on a separate sheet

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?: Yes No

If yes, please provide a complete explanation on a separate sheet

II. References

Banking

Name and Branch: _____ Since: _____

City, State, Zip: _____

Contact Person and Phone Number: _____

Bonding

Bonding Company: _____ Since: _____

Surety Broker/Agent: _____ Since: _____

Contact Person and Phone Number: _____

Bonding Capacity – per project: \$ _____ Aggregate: \$ _____

Last Bond Issued – Date: _____ Amount: \$ _____ Rate: _____

Please attach a formal letter from your bonding company.

Insurance

General Liability Carrier: _____ Since: _____
Insurance Broker/Age: _____ Since: _____
Contact Person and Phone Number: _____
What is your limit to liability insurance: _____

Supplier References (3)

Supplier Name and Location: _____
Contact Person and Telephone Number: _____
Supplier Name and Location: _____
Contact Person and Telephone Number: _____
Supplier Name and Location: _____
Contact Person and Telephone Number: _____

List five (5) references (owners, architects and at least (2) general contractors for work completed within the last (2) years):

Project: _____ Company: _____
Address: _____
Telephone: _____ Fax: _____ Your Contract: \$ _____
Project: _____ Company: _____
Address: _____
Telephone: _____ Fax: _____ Your Contract: \$ _____
Project: _____ Company: _____
Address: _____
Telephone: _____ Fax: _____ Your Contract: \$ _____
Project: _____ Company: _____
Address: _____
Telephone: _____ Fax: _____ Your Contract: \$ _____
Project: _____ Company: _____
Address: _____
Telephone: _____ Fax: _____ Your Contract: \$ _____

III. Financial Information

Financial Reference: Please attach a copy of the following:

- 1. Your most recent full fiscal year ending Balance Sheet and Income Statement.**

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization? [] Yes [] No
If yes, please provide a complete explanation on a separate sheet.

IV. Experience

Has your company had experience with LEED projects? [] Yes [] No

How many LEED accredited employees do you have? _____

V. Safety

Does your firm have a written safety plan? [] Yes [] No

Has your firm had any OSHA citations, fines or jobsite fatalities within the most recent three (3) years? [] Yes [] No

If yes, please describe in detail on an attached sheet what occurred and what steps were taken by the company to prevent it from happening in the future.

What is your experience modification rate (EMR)? _____

OSHA incident rate - please list your firm's OSHA incident rate for the most recent three (3) years:
Year/Rate: _____ Year/Rate: _____ Year/Rate: _____

VI. Additional Information

Please list any additional information you feel with help us determine your company's qualifications and expertise: _____

I hereby certify that the above information is accurate, correct and true.

Completed by: _____
Name

Title

Signature

Date