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| **Submitted To:** | *Contact’s Names* | **Submitted By:** | *Contact’s Name* | **Date:** | *Date* |

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|  | **Company & Location Information:** | |
| *Firm:* | *Company Legal Name* |
| Address: | *Office Address* |
|  | City: | *City* |
| State: | *State* |
| Zip: | *Zip* |
|  | Phone: | *Phone* |
| **Main Preconstruction Contact Person:** | |
| Name: | *Name* |
|  | Title: | *Title* |
| Office Phone: | *Office Phone* |
| Extension: | *Office Phone Extension* |
|  | Cell: | *Cell* |
| Email: | *Email* |
|  | |

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| **References: Please list four different general contractors for whom you have performed similar scopes of work regarding similar facilities.** | | | | | |
| 1. | *Project* |  |  | 2. | *Project* |
|  | *(Project)* |  |  |  | *(Project)* |
|  | *General Contractor* |  |  |  | *General Contractor* |
|  | *(General Contractor)* |  |  |  | *(General Contractor)* |
|  | *GC’s Project Manager Name and Phone Number* |  |  |  | *GC’s Project Manager Name & Phone Number* |
|  | *(GC’s Project Manager Name & Phone Number)* |  |  |  | *(GC’s Project Manager Name & Phone Number)* |
|  | *Approximate Contract Value* |  |  |  | *Approximate Contract Value* |
|  | *(Approximate Contract Value)* |  |  |  | *(Approximate Contract Value)* |
| 3. | *Project* |  |  | 4. | *Project* |
|  | *(Project)* |  |  |  | *(Project)* |
|  | *General Contractor* |  |  |  | *General Contractor* |
|  | *(General Contractor)* |  |  |  | *(General Contractor)* |
|  | *GC’s Project Manager Name & Phone Number* |  |  |  | *GC’s Project Manager Name & Phone Number* |
|  | *(GC’s Project Manager Name & Phone Number)* |  |  |  | *(GC’s Project Manager Name & Phone Number)* |
|  | *Approximate Contract Value* |  |  |  | *Approximate Contract Value* |
|  | *(Approximate Contract Value)* |  |  |  | *(Approximate Contract Value)* |

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| **Company Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-Performed Scopes of Work: | *Scopes of Work* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subcontracted Scopes of Work: | *Scopes of Work* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Firm: | | Corporation | |  | | | Partnership | | | | | |  | | | Individual | | | | |  | | | | Other | | *Other* | | | | | | | |
| Parent Company: | | Same | | ☐ | | | Name: | | | *Name* | | | | | | | | | | | | | | | | | | | | | | | | |
| Years in business as Contractor under present firm name: | | | | | | | | | | | | | | *Years* | | | | | License Number: | | | | | | | | | *License Number*. | | | | | | |
| States in which your company will do business: | | | | | | | | | *List out all States*. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your organization union? | | | | | | | | | Yes | | |  | | | | No | |  | | | | |  | | | | | | | | | | | |
| If so list the affiliation(s) and local(s): | | | | | *Affiliation(s) and Local(s)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide information which would indicate the size and capacity of your organization, including the number or permanent employees engaged in (do not count the same employee twice): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimating: | | | *Number* | | | Field Supervision: | | | | | | | | | | *Number* | | | | | | | | | | Tradespeople: | | | | | *Number* | | | |
| Clerical / Accounting: | | | *Number* | | | Management: | | | | | | | | | | *Number* | | | | | | | | | |  | | | | | | | | |
| Is your organization a registered DBE contractor? | | | | | | | | | | | Yes | | | |  | | No | | |  | | | |  | | | | | | | | | | |
| If so list certification type / number / body: | | | | | | | | *Click here to enter text.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your organization’s Experience Modification Rate (EMR)? | | | | | | | | | | | | | | | | | | | | | | *Modification Rate* | | | | | | | | | | | | |
| Has your firm ever failed to complete a contract or been assessed schedule related damages? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes |  | | No |  |
| Has your firm had any subcontractors fail to complete a contract in the last five years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes |  | | No |  |
| Are there any judgments, claims, liens, or suits pending or outstanding against your firm? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes |  | | No |  |
| Has your firm been a party to any lawsuits, arbitration, or mediation with regard to construction projects in the last five years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes |  | | No |  |
| **\*(If answer to any of the above questions is yes, please attach explanation to this form)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Annual Billing:** | | | | | |
| This year’s projected billing: | $ | *Billing* | Three Years Ago - Billing: | $ | *Billing* |
| Last Years - Billing: | $ | *Billing* | Four Years Ago - Billing: | $ | *Billing* |
| Two Years Ago - Billing: | $ | *Billing* | Five Years Ago - Billing: | $ | *Billing* |

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| **Five Largest Projects Completed in the Last Five Years:** | | | | | | | | | | | | |
| Project | | |  | General Contractor, Contact and Phone Number | | | | |  | | Contract Amount | |
| *Project* | | |  | *General Contractor, Contact and Phone Number* | | | | | $ | | *Contract Amount* | |
| *Project* | | |  | *General Contractor, Contact and Phone Number* | | | | | $ | | *Contract Amount* | |
| *Project* | | |  | *General Contractor, Contact and Phone Number* | | | | | $ | | *Contract Amount* | |
| *Project* | | |  | *General Contractor, Contact and Phone Number* | | | | | $ | | *Contract Amount* | |
| *Project* | | |  | *General Contractor, Contact and Phone Number* | | | | | $ | | *Contract Amount* | |
| **Major Projects Under Contract:** | | | | | | | | | | | | |
| Project |  | % of Contract Complete | | |  | Completion Date |  | Contractor | |  |  | Total Contract Value |
| *Project* |  | *% Complete* | | |  | *Date* |  | *Contractor* | |  | $ | *Click here to enter text.* |
| *Project* |  | *% Complete* | | |  | *Date* |  | *Contractor* | |  | $ | *Click here to enter text.* |
| *Project* |  | *% Complete* | | |  | *Date* |  | *Contractor* | |  | $ | *Click here to enter text.* |
| *Project* |  | *% Complete* | | |  | *Date* |  | *Contractor* | |  | $ | *Click here to enter text.* |
| *Project* |  | *% Complete* | | |  | *Date* |  | *Contractor* | |  | $ | *Click here to enter text.* |
| Total value of projects under contract: (including those not listed above) | | | | | | | | | |  | $ | *Click here to enter text.* |
| Percent of negotiated / bid contracts | | | | | | | | | |  | % | *% Negotiated / % Bid* |

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| **Current Pursuits: Current projects you are current a candidate for. (Indicate size and schedule)** | | | | | | | |
| Project |  | Start Date |  | Contractor |  |  | Total Contract Value |
| *Project* |  | *Date* |  | *Contractor* |  | $ | *Click here to enter text.* |
| *Project* |  | *Date* |  | *Contractor* |  | $ | *Click here to enter text.* |
| *Project* |  | *Date* |  | *Contractor* |  | $ | *Click here to enter text.* |
| *Project* |  | *Date* |  | *Contractor* |  | $ | *Click here to enter text.* |
| *Project* |  | *Date* |  | *Contractor* |  | $ | *Click here to enter text.* |

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| **Bonding Information** | | | | |  | |  |  | | |
| What is your bond rate for this project (as a percentage) | | | | | % | | *Rate* |  | | |
| Aggregate Limit: | $ | *Aggregate Limit* | | |  | Single Project Limit: | | | $ | *Single Project Limit* |
| Please list the names of your bonding agent and surety: | | | | | | | | | | |
| *Bonding Agent* | | |  | *Surety* | | | | | | |
| *(Bonding Agent)* | | |  | *(Surety)* | | | | | | |
| *Street Address* | | |  | *Street Address* | | | | | | |
| *(Street Address)* | | |  | *(Street Address)* | | | | | | |
| *City, State, Zip* | | |  | *City, State, Zip* | | | | | | |
| *(City, State, Zip)* | | |  | *(City, State, Zip)* | | | | | | |

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| --- | --- | --- |
| **The answers to the foregoing questions and all statements herein contained are true and correct.** | | |
| *Reviewer’s Name* |  | *Reviewer’s Position* |
| *(Reviewer’s Name)* |  | *(Reviewer’s Position)* |

\* Holder Construction reserves the right to request Audited Financials which is defined as a Balance Sheet, and Income Statement, an Auditor’s Report and Footnotes.