

CONTRACTOR PREQUALIFICATION FORM



Company Information

Firm: _____

Years in Business Under Present Name: _____

Geographic Area of Business Operation: _____

Total Bonding Capacity: _____

Diversity Status:

MBE: _____ WBE: _____ VBE: _____ DBE: _____

Memberships

CCS ABC ISA AGC ICR

Contact Information

Street Address: _____

Telephone #: _____ Fax #: _____

Email: _____

Staff Info

Total # of Staff Employed By Firm: _____

Project Mgrs.: _____ Estimators: _____

Superintendents: _____ Other Staff: _____

Qualifications	YES	NO
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Is Firm in Compliance with all EEO Requirements: _____

Participation in E-Verify: (Indiana Only) _____

Written Drug Testing Plan: _____

Qualified thru the Department of Administration or INDOT (Indiana Only) _____

Accept Site Labor Agreement: _____

Has Company Had Any Serious OSHA Citations? _____

Has Firm Failed to Complete a Contract? _____

Pending Judgments, Claims or Suites Against Firm or Principals? _____

Been Involved in Bankruptcy or Reorganization? _____

Union/Affiliations: _____

Trade / Specialty: _____
Local: _____ Contract Expiration Date: _____

Firm Contacts for Inquiries:

	Phone	Email
President		
CFO		
CEO/COO		
Who Signs Contracts		
Officers		

Work Now Under Contract:

Work in Place Last Year:

Additional Info

Years Performing Work Specialty: _____

Percent of Work Performed By Own Forces: _____

Contracting Interests: _____

EMR Last 3 Years (Provide Letter from Insurer): _____

Attach Copies of Last 3 Years OSHA 300A: _____

Financial

Approximate Value of Capital Equipment Owned by Firm: _____

Average Annual Sales Last Three (3) Years: _____

Value of Work Presently Bonded: _____

Insurance Agent & Company: _____

Bonding Company: _____

Bank References and Addresses: (Include Bank Letter of Credit & Availability)

List four (4) most significant projects completed in the last five (5) years.				
Project & Location	Architect	Contract With	Contract Amount	Date Completed

List three (3) most significant projects presently under construction:			
Architect	Contract With	Contract Amount	Date Completed

***Financial Statement: Submit most recent Independent Audited/Reviewed Financial Statement and most recent Interim Financial Statement.**

The financial statement should contain reasonably current data and reflect the general current financial condition of the firm and include:
Current Assets: (Cash, joint venture accounts, accounts receivable, notes receivable, accrued interest on notes, deposits, and materials and prepaid expenses, not fixes assets and other assets).

Current Liabilities: (Accounts payable, notes payable, accrued interest on notes, provision for income taxes, advances received from owners, accrued salaries, accrued payroll taxes, other liabilities and capital stock, authorized and outstanding shares per values, earned surplus).

This form must be signed by an Officer of the firm or an individual so authorized by an officer or the firm.

Signature: _____

Name: _____ **Title:** _____

NOTE: CONTRACTORS MUST HAVE BONDING CAPACITY.



INSURANCE AND SURETY COMPANIES MUST HAVE A POLICY HOLDERS RATING OF "A", A FINANCIAL CATEGORY NOT LESS THAN CLASS VII AND POLICY HOLDER SURPLUS OF NOT LESS THAN \$25,000,000 OR ALL AS SHOWN ON "BESTS KEY RATING GUIDE", LATEST EDITION.

THE SKILLMAN CORPORATION

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