



Construction Management / General Construction

This form must be completed and returned to the Purcell Construction Corp. prior to submission of a bid. Purcell Construction Corp. and/or the Owner reserves the right, subject to limitations of law, to reject bids from Contractors who, in the judgment of the Owner, do not demonstrate adequate experience or the ability to execute the work of this contract as per the terms of the Contract Documents. Potential bidders are encouraged to submit additional information and references to describe their qualifications.

Subcontractor's Qualification Form		
Company Name:	Specialty:	
Authorized Representative:	Title:	
Street Address:	City, State, Zip:	
Phone:	Cell Phone:	Fax:
E-Mail:	Website:	
Type of Entity: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	Years in Business:	
Licensed in the State of:	Other State Licenses:	
Federal ID#:	State Sales Tax#:	
Please indicate if your company is:	Large Business Concern <input type="checkbox"/>	Small Business Concern <input type="checkbox"/>
	Service Disabled Veteran Owned <input type="checkbox"/>	Veteran Owned <input type="checkbox"/>
Small Disadvantaged <input type="checkbox"/>	SBA Certified 8(a) <input type="checkbox"/>	Woman Owned <input type="checkbox"/> HUB Zone <input type="checkbox"/>
Is your company certified or pre-qualified to do:	State Work <input type="checkbox"/>	Federal Work <input type="checkbox"/> Municipal Work <input type="checkbox"/>
Has your company:	Ever operated under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ever failed to complete a project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Reorganized? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	
If YES, please explain:		
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organizations or its officers? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please explain.)		
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please explain.)		
Has your company ever been removed from a project, banned from bidding on projects or failed to complete work under contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please provide full details on a separate sheet.)		
What is the approximate Gross Sales last year?		
Is your business seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your HIGH month?	LOW month?
Is your company presently busy <input type="checkbox"/> or slow <input type="checkbox"/>		
How far will you travel to do work?	miles	
List the categories of work that your organization normally performs with its own forces: _____		

Company Information - continued:

Number of employees (max last year): Men? Women? Minorities?

Is payroll paid? Weekly Bimonthly Monthly

Do your employees belong to a Union? Yes No If YES, what is the name of the Union?

Is your payroll system performed by a: Service? or In House?

Have you ever prepared and submitted Certified Payroll Reports to Owners or Contractors? Yes No

List key personnel planned for this project. Please list names, expected positions and the last three (3) projects worked on.

Resources & Bonding:

What is your company's current bonding capacity? Total: Single Project:

Name of Bonding Company:

Name of Bonding Agent:

Bonding Agent's Address:

Bonding Agent's Phone Number:

What is the range of projects performed? Average Project: \$

Smallest Project: \$

Largest Project: \$

Please list projects which your firm has successfully executed within the past five years. Include names and phone numbers of persons who can be contacted as references:

Project Name: Location:

Contact Name: Phone Number:

Subcontract Amount: \$

Project Name: Location:

Contact Name: Phone Number:

Subcontract Amount: \$

Project Name: Location:

Contact Name: Phone Number:

Subcontract Amount: \$

Project Name: Location:

Contact Name: Phone Number:

Subcontract Amount: \$

Project Name: Location:

Contact Name: Phone Number:

Subcontract Amount: \$

References

Bank Name: _____ Phone Number: _____

Bank Address: _____

List three (3) companies you have done business with in the past year:

Company Name: _____ Address: _____

Contact Name: _____ Phone Number: _____

Company Name: _____ Address: _____

Contact Name: _____ Phone Number: _____

Company Name: _____ Address: _____

Contact Name: _____ Phone Number: _____

List three (3) suppliers with whom you have credit or do business with:

Company Name: _____ Address: _____

Contact Name: _____ Phone Number: _____

Company Name: _____ Address: _____

Contact Name: _____ Phone Number: _____

Company Name: _____ Address: _____

Contact Name: _____ Phone Number: _____

Insurance

Please attach an insurance certificate outlining your coverage.

List your firm's Worker's Compensation Experience Modification Rate for the three (3) most recent years.

20 _____

20 _____

20 _____

Please use your last year's OSHA No. 200 Log to fill in the number of injuries and illnesses:

Number of lost workday cases: _____

Number of restricted workday cases: _____

Number of cases with medical attention only: _____

Number of fatalities: _____

Do you have a written safety program? Yes No ***Please attach a copy.***

The undersigned warrants that the information furnished above and attached is accurate and true.

Name of Authorized Representative (Please PRINT or TYPE)

Title

Signature of Authorized Representative

Date

Please send completed form to:

Purcell Construction Corporation
1990 E. Whitehill Road, Suite B
Prince George, VA 23875
(804) 733-9870
(804) 733-9879 Fax

E-mail to:

PurcellConstruction-VA@comcast.net