



Subcontractor Pre-Qualification Form

560 Lynnhaven Parkway
Virginia Beach, VA 23452
(757) 486-1000 Phone
(757) 463-9164 Fax

Company Information:

Company Name: _____
Postal Address: _____
Physical Address: _____
Primary Contact: _____ Title: _____
Phone: _____ Fax: _____
E-Mail: _____ Web Address: _____
Company Type (Corp/LLC/Etc): _____
Scope of Work: _____
Geographic Region Served: _____
Ideal Project Type: _____
Ideal Dollar Value: _____

Organization History:

Number of years in business: _____ Number of years in business under current name: _____
Under what other or former names has your organization operated: _____
Number of Employees: _____
Number of Crews: _____

Licensing/Certifications:

List all current licenses & associated license number: _____
Federal Identification Number: _____
List all current Certifications: _____
List all current Trade Associations: _____

Experience:

List all work that your organization normally performs with its own forces: _____
List all current commitments of your organization, including contract values: _____
Average contract value for current year: _____

Range of contract value for current year: _____
Average annual volume over last five years: _____
Range of contract value over last five years: _____

Projects Recently Completed in State of Virginia (List out of state projects only if necessary):

Project Title: _____ Location: _____
Scope(s) Performed: _____
Contract Amount: _____ Date Completed: _____
Owner/GC: _____ Contact Number: _____

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Claims and Suits:

Has your organization failed to complete any project: _____
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers: _____
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years: _____
Has any officer or principal of your organization been an officer or principal of another organization when it failed to complete a construction contract within the last five years: _____
Has your organization received any judgments, claims, arbitration proceedings or suits from second tier subcontractors for lack of payment within the last five years: _____

If you answered Yes to any of the above questions, please attach details further explaining

Bonding:

Is your organization bondable: _____
Bonding Capacity: _____
Bonding Company: _____
Contact Person: _____ Contact Number: _____

Insurance:

Is your organization insured: _____
Insurance Company: _____
Contact Person: _____ Contact Number: _____

Breeden Construction insurance requirements:

Worker's Compensation:

Worker's Compensation	Statutory
Employer's Liability	\$500,000 Per Accident Bodily Injury by Accident
	\$500,000 Policy Aggregate Bodily Injury by Disease
	\$500,000 Per Accident Bodily Injury by Disease

Comprehensive General Liability:

Coverage A – Bodily Injury & Property	
Damage Liability	\$1,000,000 Any One Occurrence Subject to Products Completed Operations & General Aggregates
Fire Damage Liability	\$50,000 Any One Fire Subject to General Aggregate
Coverage B – Personal & Advertising	
Injury Liability	\$1,000,000 Any One Person Subject to General Aggregate
Coverage C – Medical Payments	\$10,000 Any One Person Subject to General Aggregate

Aggregate Limits of Liability:

\$2,000,000 Products/Completed
Operations Aggregate

\$2,000,000 General Aggregate

Automobile:

Liability	\$1,000,000 Per Accident Owned, Non-owned & Hired Autos
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Umbrellas or Excess Liability: \$5,000,000

Does your organization meet these requirements (If No, explain): _____

Financial:

Projected revenue for current year: _____

Revenue for previous year: _____

Current backlog of work: _____

Current net worth: _____

Current credit limit: _____

Available credit limit: _____

Has your organization filed for Chapter 11 Bankruptcy protection within the last five years: _____

Has any officer or principal of your organization been an officer or principal of another organization that has filed for Chapter 11 Bankruptcy protection within the last five years: _____

If you answered Yes to either of the last two questions, please attach details further explaining

Safety and Environmental:

Does your organization employ a safety coordinator: _____

Contact Person: _____ Contact Number: _____

Does your organization require safety training for employees: _____

Does your organization have a written safety program: _____

Does your organization perform weekly safety meetings: _____

Has your organization received any OSHA violations within the last five years: _____

Has your organization received any environmental violations within the last five years: _____

If you answered Yes to either of the last two questions, please attach details further explaining, to include details of the incident(s) and corrective actions taken to resolve the violation(s).

References:**General Contractor/Owner References:**

Company Name: _____

Contact Person: _____ Contact Number: _____

Company Name: _____

Contact Person: _____ Contact Number: _____

Company Name: _____

Contact Person: _____ Contact Number: _____

Supplier References:

Company Name: _____

Contact Person: _____ Contact Number: _____

Company Name: _____

Contact Person: _____ Contact Number: _____

Company Name: _____

Contact Person: _____ Contact Number: _____

Bank References:

Company Name: _____

Contact Person: _____ Contact Number: _____

Company Name: _____

Contact Person: _____ Contact Number: _____

Certification of Accuracy:

Form completed by: _____ Title: _____

Signature: _____ Date: _____