

Ganneston

CONSTRUCTION CORP

SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

1. GENERAL INFORMATION Please fill in the following:

Name of Business: _____
 Physical Address: _____
 Mailing Address (if different): _____
 City, State, Zip Code: _____
 Telephone: _____ FAX: _____ Cell: _____
 Contact Person: _____ E-mail: _____
 Estimating Contact: _____ E-mail: _____

2. ORGANIZATION.

Year Business Established: _____ Federal Employer ID No: _____
 If established less than 2 years, please list Owner's/Partner's previous experience and employment _____

Union/Local Affiliation: _____

Indicate if your Company is certified as any of the following:

Woman-Owned Enterprise (WBE) Minority Enterprise (MBE) Disadvantaged Enterprise (DBE)

If check, list name of certifying agency: _____

3. WORK CLASSIFICATION/EXPERIENCE.

Please list the type(s) of work you are interested in bidding: _____

Geographic areas where you work: _____

Please list three largest projects that your firm has completed within the last three years.

	# 1	# 2	# 3
Project Name			
Location			
Owner			
Gen'l Contractor			
Architect			
Contract Amt			
Completion Date			

4. SAFETY

Please list your firm's Workers' Comp Experience Mod Rate for the current year: _____

Does your company have a written safety program? _____

Have you ever been cited or fined by OSHA? Yes No.

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5. FINANCIAL

Has your Company ever failed to complete a contract? Yes No

Has your Company ever defaulted on, or been declared in default, a contract?
 Yes No

Has your Company ever been involved in Bankruptcy or Re-organization? Yes No

Are there any judgments, claims, arbitration, or suits pending or outstanding against your Company or any of its Officers? Yes No

Has your Company filed any lawsuits or requested arbitration with regard to construction contracts within the last 5 years? Yes No

If you've answered "Yes" to any of these questions, please provide details: _____

6. INSURANCE

Ganneston Construction requires proof of insurance prior to the start of any work and we must be named as additional insured on your insurance policy.

Do you have the ability to obtain surety bonding? Yes No

Please provide name and address of bonding agent: _____

You will be required to sign an AIA A401 Subcontract Agreement based on our General Contract with the Owner.

7. ADDITIONAL INFORMATION

Please list any additional information that you feel will help us determine your firm's qualifications and expertise:

The undersigned certifies that all statements and answers provided above are complete, true and accurate.

(Legal Name of Organization)

(Signature) (Date)

(Print Name)

(Title)

General Contractor – Construction Manager – Design Builder