

**SUBCONTRACTOR PREQUALIFICATION FORM**

**Date:** \_\_\_\_\_

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your firm’s qualifications and will not be disclosed to project staff.

Please direct any questions, and return this completed form by fax, email or postal mail to:

Plano-Coudon, LLC  
Attn: Linda McDonough  
2101 Washington Blvd.  
Baltimore, MD 21230  
Fax: 410-837-2571  
Email: [lmcdonough@plano-coudon.com](mailto:lmcdonough@plano-coudon.com)

**General Information:**

1. **General Information:** *Please complete the following:*

- Name of Business: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
- Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_
- Current Number of Employees: \_\_\_\_\_
- Dun and Bradstreet Number (*please include D&B report if possible*): \_\_\_\_\_  
\_\_\_\_\_
- Under What Other or Former Names Has Your Business Operated: \_\_\_\_\_

*The undersigned hereby also certifies that he/she is authorized to execute this document on behalf of the said firm and that the statement(s) contained herein is true:*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**2. License Information:** *Please provide all trade and professional licenses, if any, required for you to perform your services:*

Type of License/Name of License	State	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Organization:** *Please indicate your firm's legal structure:*

- This firm is a:     C Corporation     S Corporation     Partnership  
                           Sole Proprietor     Limited Liability Company
  
- Date Founded: \_\_\_\_\_
  
- Federal Employer Identification Number: \_\_\_\_\_
  
- Corporate Officers:
  - Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Fax: \_\_\_\_\_
  - Email: \_\_\_\_\_
  
  - Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Fax: \_\_\_\_\_
  - Email: \_\_\_\_\_
  
  - Name: \_\_\_\_\_
  - Title: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Fax: \_\_\_\_\_
  - Email: \_\_\_\_\_

**4. Contact for Solicitations:**

- Name: \_\_\_\_\_
- Title: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Email: \_\_\_\_\_

**5. Work Classification:** *Please tell us what trade (s) your company specializes in (example: Drywall, Electrical, Sitework, etc.)* \_\_\_\_\_

• Wage Scale Work (*check one*)

- Perform Wage Scale work only
- Do not perform Wage Scale work
- Both Wage Scale and Non Wage Scale

• Minority Business Enterprise Status(*check one*)

- MBE –*Minority Business Enterprise*  \_\_\_\_\_
- WBE –*Women’s Minority Enterprise*  \_\_\_\_\_
- Veteran-*Disabled Veteran Minority*  \_\_\_\_\_
- DBE –*Disadvantaged Business Enterprise*  \_\_\_\_\_
- African American  \_\_\_\_\_
- Hispanic (*Latino*)  \_\_\_\_\_
- Asian  \_\_\_\_\_
- Other  \_\_\_\_\_

State Certification #: \_\_\_\_\_ City Certification#: \_\_\_\_\_

MDOT# \_\_\_\_\_ Other: \_\_\_\_\_

**6. Work Experience**

- List the categories of work your company performs with its own forces:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Claims & Suits:** *If the answer to any of the questions below is yes, please attach details on a separate sheet of paper if necessary:*

- Has your organization ever failed to complete any work awarded to it?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers within the past five (5) years?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Does your organization have a safety program?** \_\_\_\_\_

- EMR Rating for the past three (3) years – 1<sup>st</sup> Yr \_\_\_\_\_ 2<sup>nd</sup> Yr \_\_\_\_\_ 3<sup>rd</sup> Yr \_\_\_\_\_
  
- List major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent complete and scheduled completion date.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- State average annual amount of construction work performed during the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List the construction experiences and present commitments of the key individuals of your organization.

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**9. References:**

- General Contractor Reference (Please provide three {3})

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- Bank References:

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**10. Financing:** *Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:*

- Current Assets (*e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses*)
- Net Fixed Assets
- Other Assets
- Current Liabilities (*e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes*); *and*
- Other Liabilities (*e.g., capital, capital stock, authorized and outstanding shares per values, earned surplus and retained earnings*).
- Name and address of firm preparing attached financial statement and date thereof.
- The attached financial statement must be for the organization as named on page one.