

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: **Estimating**
2101 Washington Blvd.
Baltimore, MD 21230
Fax: 410-837-2571
Email: **estimating@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

MDOT Minority # _____

Baltimore City Minority # _____

- African American
- Asian American
- Female
- Hispanic American

MBE WBE

US Small Business Administration Certification

DC Certified Bureau Enterprise (BCE) # _____

- Total Small Business
- 8A Program
- SDB (Small Disadvantage Business Program)
- Hub Zone Program
- Service Disabled Veteran Owned Small Business (SDVOSB)
- Woman Owned Small Business (WOSB)

- Development Enterprise (DZE)
- Resident Owned Business (ROB)
- Disadvantaged Business Enterprise (DBE)
- Longtime Resident & Buisness (LRB)

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 – 1st Yr _____ 2nd Yr _____ 3rd 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.

9. References:

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

- Bank References:

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.