Subconsultant Pre-Qualification Checklist

The following information is required by Broaddus Construction, LLC. to qualify your bid and/or enter into a Contract Agreement:

* Completed Subcontractor Pre-qualification Form
* W-9
* Copy of your State Contractor’s License
* Business Licenses
* Safety Manual
* Certificates of Insurance evidencing your coverage for:
* General Liability
* Workers Compensation
* Auto Liability

The prompt return of this information will enable us to move forward in developing our business relationship. Please contact Broaddus Construction, LLC., if you have any questions, do not qualify, or choose not to complete the pre-qualification form.

Return this packet with ALL of the required information.

Thank you,

Broaddus Construction, LLC.

1301 S. Capital of Texas Hwy, A-302 Austin, Texas 78746

Ph: 512.306.7975

Please complete the following form with as much detail as possible to assist us in evaluating your company’s qualifications.

|  |
| --- |
| **Firm Information** |
| **Full Name of Company:** |  |
| **Street Address:** |  |
| **Mailing Address:** |  |
| **Business Phone:** |  |
| **Fax Number:** |  |
| **E-mail Address:** |  |
| **Authorized Signer(s):** |  |
| **Contractor’s License Number & State:*****Please attach a copy of your State Contractor’s License to this Form*** |  |
| **Classification:** |  |
| **Federal Tax ID #:** |  |
| **Expiration Date:** |  |
| **Type of Work Performed:** |  |
| **How long has your Company been in business?** |  |
| **With the same License Number?** |  |
| **If less than 5 years, please indicate former License Number and Classification:** |  |
| **What, if any, are your Contract Limitations?** |  |
| **Is your Company incorporated?**  |  |
| **State of Incorporation:** |  |
| **Year of Incorporation:** |  |
| **Names & Addresses of Officers (Attach Additional Sheets, if Necessary):** | **Name** | **Address** |
|  |  |
|  |  |
|  |  |
| **If not incorporated, is your company a Sole Proprietorship?**  |  |
| **If Sole Proprietorship, please provide Social Security Number:**  |  |

|  |  |  |
| --- | --- | --- |
| **If a Partnership, please name partners:*****As part of any possible negotiation and prior to the potential execution of any subcontract agreement with your firm, we will at that time request specific financial information that we can verify to satisfy our due diligence requirements.*** | **Name** | **Address** |
|  |  |
|  |  |
|  |  |
| **Name of Financial Institution:** |  |
| **General Liability Insurance Carrier:**  |  | **Rating:** |  |
| **Contact Name:** |  | **Insurance Agent Phone:** |  |
| **Effective Date:** |  | **Expiration** **Date:** |  |
| **Auto Insurance Carrier:** |  | **Rating:** |  |
| **Contact Name:** |  | **Insurance Agent Phone:** |  |
| **Effective Date:** |  | **Expiration** **Date:** |  |
| **Workers Compensation Insurance Carrier:** |  | **Account** **Number:** |  |
| **Contact Name:** |  | **Insurance Agent Phone:** |  |
| **Effective Date:** |  | **Expiration** **Date:** |  |
| **Does your Company have Professional Liability Insurance?** |  |
| **Bonding Carrier (Performance/Payment):**  |  | **Rating:** |  |
| **Agent Name:** |  | **Bonding Agent Phone:** |  |
| **Main Suppliers (attach additional sheets if necessary):** | **Name:** | **Address:** | **Contact Name:** | **Contact** **Phone:** |
|  |  |  |  |
|  |  |  |  |
| **Estimator Name:** |  | **Phone:** |  |
| **Office Manager Name:** |  | **Phone:** |  |
| **Accounting Name:** |  | **Phone:** |  |
| **Are you signatory to a union agreement?**  |  |
| **If yes, what local?**  |  |
| **Certifications:*****(Circle all that Apply)*** | **MBE** | **WBE** | **DBE** | **Other** |
| **Are you willing to do prevailing wage projects?** |  |
| **List your volume for the past three years:** | **2020** | **2019** | **2018** |
|  |  |  |

|  |
| --- |
| **Relevant Project Experience****List significant projects completed in the last three (3) years (attach additional sheets if necessary):** |
| **Project Name** | **Location** | **Size** | **Completion Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Primary geographical areas in which your Company holds an active Business License:*****Note: Please attach a copy of your Business License(s) to this Form*** | **State** | **License Number** | **Expiration Date:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **List four (4) General Building Contractor references with their contact information.****Please attach copies of any letters of recommendation.** |
| **Contractor Name** | **Address** | **Contact Name** | **Contact Phone:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Company Safety Program

*A copy of the Safety Program must accompany this qualification form.*

I hereby certify that currently has a written Safety Program.

(Company Name)

**Signed By: Notary Stamp:**

**Name (Print):**

**Date:**

**Notarized By:**

**Name (Print):**

**Date:**

To the best of my knowledge, the information provided on this form, including attachments, is accurate.

**Signed:**

**Title:**

**Company Name:**

**Date:**

***Please mail this completed form, and a copy of requested information to:***

***Broaddus Construction, LLC***

***1301 S. Capital of Texas Hwy, A-302***

***Austin, Texas 78746***