

**Sterling Construction Corporation**  
**TRADE CONTRACTOR'S PREQUALIFICATION STATEMENT**



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

Contractor: \_\_\_\_\_  
Enter Name as Shown on Income Tax Return

Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Scope(s) of Work: \_\_\_\_\_

Type of Firm:  Corporation State of Incorporation: \_\_\_\_\_ Employer ID#: \_\_\_\_\_

Partnership  LLC  Individual/Sole Proprietor SS#: \_\_\_\_\_

Individual/Sole Proprietor Only

Certifications:  MBE\*  WBE\*  DBE\*  Section 3\*

\*Please Attach Certification Documentation if you have checked one of the boxes above

**Authorized Agents (Name of Person(s) authorized to sign contract, change orders, etc. on behalf of company):**

\_\_\_\_\_

Parent Company:  Same (or) Name: \_\_\_\_\_

Years of business as Contractor under present firm name: \_\_\_\_\_

License Number(s): \_\_\_\_\_

State(s) your company does business: \_\_\_\_\_

Provide information which would indicate the size and capacity of your organization, including the number of permanent employees engaged in (do not count the same employee twice):

Estimating                  Field Supervision                  Accounting                  Management                  Field Labor

\_\_\_\_\_

1. Is your organization currently registered with Dun & Bradstreet? Yes  No

If yes, what is your D&B #? \_\_\_\_\_

2. Has your firm ever failed to complete a contract? Yes  No

3. Has your firm had any subcontractors fail to complete a contract in the last five years? Yes  No

4. Are there any judgments, claims or suits pending or outstanding against your firm? Yes  No

5. Has your firm been a party to any lawsuits or requested arbitration with regard to Yes  No

Construction projects in the last five years.

**(If answer to any of the above is yes, please provide explanation.)**

What is your organization's current worker's compensation modification rate (EMR Rate)? \_\_\_\_\_

Provide a copy of your company safety and health program including safety policies, procedures, OSHA 300 logs and OSHA inspection history. **Copies Included?** Yes  No

**Please list four general contractors and owners for whom you have performed similar scopes of work regarding similar facilities.**

**A.** \_\_\_\_\_  
Project Name

**B.** \_\_\_\_\_  
Project Name

Owner's Representative & Phone No.

Owner's Representative & Phone No.

General Contractor

General Contractor

Contact & Phone No.

Contact & Phone No.

\$ \_\_\_\_\_  
Approximate Value

\$ \_\_\_\_\_  
Approximate Value

**C.** \_\_\_\_\_  
Project Name

**D.** \_\_\_\_\_  
Project Name

Owner's Representative & Phone No.

Owner's Representative & Phone No.

General Contractor

General Contractor

Contact & Phone No.

Contact & Phone No.

\$ \_\_\_\_\_  
Approximate Value

\$ \_\_\_\_\_  
Approximate Value

**Five Largest Projects Completed in Last Five Years:**

<u>Project Name/# of Apartment Units</u>	<u>General Contractor &amp; Phone Number</u>	<u>Contract Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Average annual billing for last five years: \$ \_\_\_\_\_

Last year's billing: \$ \_\_\_\_\_

**Major Projects Under Contract:**

<u>Project Name/# of Apartment Units</u>	<u>% Complete</u>	<u>Completion Date</u>	<u>Contractor</u>	<u>Contract Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Total Projects Under Contract (including those not listed above): \$ \_\_\_\_\_

Percent Negotiated Projects Under Contract: \_\_\_\_\_

**Current Projects for which Your Firm is a Candidate for Contract Award (indicate size and schedule):**

<u>Projects Currently Bidding On</u>	<u>Scheduled Start Date / Duration</u>	<u>Contract Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

What is your bond rate for this project (as a percentage)? \_\_\_\_\_

**Please list the name of your surety.**

_____	_____
Surety	Bonding Capacity (Total value)
_____	_____
Street Address	Bonding Capacity Used (%)
_____	_____
City, ST, Zip	Bonding capacity Remaining (\$)

**THE ANSWERS TO THE FOREGOING QUESTIONS AND ALL STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.**

_____	_____
Signature	Firm
_____	_____
By	Date
_____	_____
Title	Attest

\* Sterling Construction Corporation reserves the right to request Audited Financials which is defined as a Balance Sheet, an Income Statement, an Auditor's Report and Footnotes.