



5300 MILL STREET  
RENO, NV 89502  
755-858-8090 MAIN  
775-856-5375 FAX

SUBCONTRACTOR PREQUALIFICATION FORM 2015

**Completed Prequalification Statement Form must be completed prior to submitting a bid to United Construction and returned to:**

United Construction Company  
5300 Mill Street  
Reno, NV 89502

**Attn: Doug Browne, Preconstruction Manager**  
DougB@UnitedConstruction.com  
775 858-8090 Phone  
775 856-5375 Fax

Statements can be delivered by hand delivery, mail / overnight delivery, fax, or email. It is the subcontractors and suppliers responsibility to verify their statement has been received.

All Pre-Qualification Statements will be evaluated on the completeness of the submitted statement. United Construction will only accept and evaluate bids from qualified subcontractors and suppliers.



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**Company Information:**

Legal Name of Company: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Home Office Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Local Office Address (if different) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Structure (LLC, Corp., Partnership, Proprietorship Etc.): \_\_\_\_\_ Established (date): \_\_\_\_\_

List all Principals/Officers of your Firm:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

List all Contracting Licenses your firm carries:

<u>State</u>	<u>Number</u>	<u>Classification</u>	<u>Expiration</u>	<u>Monetary Limit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Have any of your contractor's licenses been suspended or revoked? \_\_\_\_\_ If yes, provide explanation on separate sheet.**

Provide the following contact information for your firm:

Principal Contact: \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Project Contact: \_\_\_\_\_



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Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Estimating Contact: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Minority Certifications**

Please check all that may apply and provide copies of certifications:

- Disadvantaged Business Enterprise (DBE)
- Veteran Business Enterprise / Veteran Owned-Small Business (VBE / VOSB)
- Disabled Veteran Business Enterprise/Service Disabled Veterans Owned Small Business (DVE/SDVOSB)
- Minority Business Enterprise (MBE)
- Small Business Enterprise (SBE)
- Woman Business Enterprise (WBE)
- Other: \_\_\_\_\_

**Financial Information**

Federal Tax ID: \_\_\_\_\_ Dunn & Bradstreet Number: \_\_\_\_\_

Amount of Work Currently Under Contract: \_\_\_\_\_

Provide the Following Information

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Earned Revenue	\$ _____	\$ _____	\$ _____

What was your Largest Single Contract Amount performed?

	<u>Amount</u>	<u>Project</u>	<u>General Contractor/Owner</u>
2012	\$ _____	_____	_____
2013	\$ _____	_____	_____
2014	\$ _____	_____	_____



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Current Bonding and Banking Information:

Surety Company: \_\_\_\_\_ Broker: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Provide a letter from your surety stating your bonding capacity and available limit.

Current Banking Information:

Name of your Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Line of Credit:\$ \_\_\_\_\_ Unused Portion:\$ \_\_\_\_\_ Expiration: \_\_\_\_\_

\* Additional banking information may be requested at a later date including but not limited to financial statements.

Provide your largest 3 suppliers and their contact information.

Supplier	Contact	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the past 5 years has the company or any affiliated company been a party to a bankruptcy or reorganization proceeding? Y \_\_\_ or N \_\_\_

**Safety**

List Your Experience Modification Rate: 2014 \_\_\_\_\_ 2013 \_\_\_\_\_ 2012 \_\_\_\_\_

Has your company received any citations and/or fines from OSHA in the past 5 years?

Yes \_\_\_ or No \_\_\_

\* Please provide separate narrative of any OSHA citations and/or fines and specify if they were classified as serious, willful, repeat, etc.

Does your company maintain a written Safety Program? Yes \_\_\_ or No \_\_\_



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Our employees have OSHA Lead Action Level Training? Yes \_\_\_ or No \_\_\_

Our employees have OSHA Asbestos Awareness Training? Yes \_\_\_ or No \_\_\_

Please indicate your employees training in the following:

Mark the appropriate category

	<u>OSHA 30</u>	<u>OSHA 10</u>	<u>CPR/First Aid</u>
Management	_____	_____	_____
Project Management	_____	_____	_____
Superintendent	_____	_____	_____
Foreman	_____	_____	_____
Labor	_____	_____	_____

Other? Please List \_\_\_\_\_

Does your company enforce any Drug and Alcohol policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Who in your company is responsible for company's safety program?

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\* United Construction may require additional safety documents such as specific Safety Programs, OSHA Citations, Elevated Work or Confined Space Work plans, etc. for further review.

**References**

Provide a minimum of three General Contractor / Owner references

Company \_\_\_\_\_

Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Company \_\_\_\_\_

Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Company \_\_\_\_\_



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Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

**Past Performance**

Provide a minimum of 5 recent projects of relevant experience.

<u>Project</u>	<u>GC or CM</u>	<u>Contract Amount</u>	<u>Year Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your company breached any contracts with a public body or person in the past 5 years? Yes \_\_\_\_ or No \_\_\_\_

Has your company been disciplined or fined by a state’s contractors’ board or another state or federal agency for conduct that relates to the ability to perform work? Yes \_\_\_\_ or No \_\_\_\_

Has your company been disqualified from the award of any public contract? Yes \_\_\_\_ or No \_\_\_\_

Has your company ever been assessed liquidated damages on a public work or private project? Yes \_\_\_\_ or No \_\_\_\_

\*If your company has answered yes to any of the four questions directly above, provide a separate narrative with a detailed explanation on those instances. Further documentation may be required as needed.

**Privacy Statement**

By signing this Pre-Qualification Statement I authorize United Construction to use the information as necessary in verifying any and/or all of the information provided.

By signing this Pre-Qualification Statement, I attest that the information provided herein is true and accurate, to the best of my knowledge.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_