



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

SUBCONTRACTOR PREQUALIFICATION FORM 2017

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: Laura Keppel
laurak@unitedconstruction.com
Phone 775 858-8090

Statements can be delivered by hand delivery, mail / overnight delivery, 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>2016</u>	<u>2015</u>	<u>2014</u>
Earned Revenue	\$ _____	\$ _____	\$ _____

What was your Largest Single Contract Amount performed?

	<u>Amount</u>	<u>Project</u>	<u>General Contractor/Owner</u>
2014	\$ _____	_____	_____
2015	\$ _____	_____	_____
2016	\$ _____	_____	_____



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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: 2016 _____ 2015 _____ 2014 _____

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: _____