



SUBCONTRACTOR PREQUALIFICATION FORM

Upon completion please submit to Estimating via e-mail at estimating@hootenconstruction.com.

The information provided in this prequalification form is for internal use only and will remain confidential.

TODAY'S DATE: _____

APPLICANT INFORMATION

Legal Name of Firm:		
Office Phone:	Mobile Phone:	
Mailing address:	FedEx/UPS Address:	
City :	State:	ZIP Code:
Company address:		

LICENSE INFORMATION

Provide a hard copy of your business license for each state.

List all states you are licensed in and their corresponding license numbers:		
Maryland	License #:	Expiration Date:
Virginia	License #:	Expiration Date:
District of Columbia	License #:	Expiration Date:
New Jersey	License #:	Expiration Date:
Virginia	License #:	Expiration Date:
North Carolina	License #:	Expiration Date:
Delaware	License #:	Expiration Date:
	License #:	Expiration Date:
	License #:	Expiration Date:



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Principal contact:	Title:	
Email:	Office Phone:	Mobile Phone:
Estimating contact:	Title:	
E-Mail:	Office Phone:	Mobile Phone:

TYPES OF WORK

Check the types of projects you specialize in

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Mixed-Use
<input type="checkbox"/> Multi-family /Senior Living	<input type="checkbox"/> Multi Family Renovation	<input type="checkbox"/> Military
<input type="checkbox"/> Other (Please List)		<input type="checkbox"/> High-Rise

Please list your trade(s):

MINORITY CERTIFICATION(S)

Provide a copy of each certification as applicable.

	Cert #	Certifying Agency		Cert #	Certifying Agency
1. Large Business			7. SDBE – Small Disadvantaged Business Enterprise		
2. SB- Small Business			8. BC MBE – Baltimore City Certified Minority Business Enterprise		
3. HZ - HubZone			9. MDOT MBE – MD Dept of Transportation Certified Minority Business Enterprise		
4. SDVOSB - Service Disabled Veteran Owned Small Business			10. HBCU – Historically Black Colleges & Universities		
5. VOSB – Veteran Owned Small Business			11. LSDBE / CBE – DC Certified Business Enterprise		
6. WOSB – Woman Owned Small Business			12. SWAM – Small Woman and Minority Firm - Virginia		

INSURANCE AND WORKER COMP.

Insurance Provider:	Policy #:	Expiration Date:
Worker's Comp. Provider:	Policy #:	Expiration Date:

FINANCIALS

Year	Revenue	Largest Single Contract Value Material and Labor
2017	\$	\$
2016	\$	\$
2015	\$	\$

Dunn & Bradstreet number: # of Current Employees:

Please provide answers to the following questions and attach explanations where necessary:	Yes	No
Are there any judgments, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?		
Has your firm ever filed bankruptcy?		
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?		
Has your firm or any other organization, with which of the officers or partners were involved during the past three (3) years, ever failed to complete any work awarded? If yes, please provide further details.		
Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including any unsettled litigation or arbitration.		



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CURRENT BONDING

Surety company :	Broker:
Contact person:	Phone:
Per Project Bonding Limit:	Aggregate Bonding Limit:

WAGE SCALE WORK

Check one

- Performs Wage Scale work only
- Does not perform Wage Scale work
- Performs both Wage Scale and non-Wage Scale work

SAFETY - EMR RATING

List your EMR Rating for the past 3 years

2017 _____

2016 _____

2015 _____

REFERENCES

LIST THREE MAJOR SUPPLIERS

#1 Company name:	Primary Contact:	Email:
Address:	Office Phone:	Mobile Phone:
#2 Company name:	Primary Contact:	Email:
Address:	Office Phone:	Mobile Phone:
#3 Company name:	Primary Contact:	Email:
Address:	Office Phone:	Mobile Phone:

REFERENCES

LIST GENERAL CONTRACTORS YOU DO BUSINESS WITH

#1 Company name:	Primary Contact:	Email:
Address:	Office Phone:	Mobile Phone:
#2 Company name:	Primary Contact:	Email:
Address:	Office Phone:	Mobile Phone:
#3 Company name:	Primary Contact:	Email:
Address:	Office Phone:	Mobile Phone:



SUBCONTRACTOR PREQUALIFICATION FORM
Upon completion please submit to Daivee Allen
via e-mail at dallen@cbpconstructorsllc.com.

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TO BE PREQUALIFIED FOR MORE THAN a \$250,000 contract , EACH OF THE FOLLOWING MUST BE PROVIDED:

- A letter from your Surety outlining the single project and aggregate amounts they will issue a performance and payment bond for (not for a bond at this time).
- A copy of your latest financial statements, i.e., Balance Sheet, Income Statement, etc., prepared by an outside accounting firm (Audited, Reviewed or Compiled Financial Statements) AND a copy of your most recent interim financial statements.
- Please be assured your financial information will be kept confidential.
- Your pre-qualification status cannot be determined until the pre-qualification statement is accurately completed, a letter from your surety is received and the necessary financial statements are provided.

SIGNATURES

I VERIFY the information provided on this form is complete and accurate.

Signature of applicant:

Date:

Title: