



SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for Colarelli Construction, Inc. Return completed form to: info@colarelliconstruction.com

PLEASE NOTE: This form must be filled out completely. Missing information may result in disqualification of consideration.

COMPANY INFORMATION

Company Name (as if appears on your W9)		Type of Company: Subcontractor (Furnish & Install) <input type="checkbox"/> Subcontract (Install Only) <input type="checkbox"/> Supplier (Materials Only) <input type="checkbox"/>	
Types of Projects your firm has experience with (check all that apply): Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Historic <input type="checkbox"/> SCIF <input type="checkbox"/> Multifamily <input type="checkbox"/> Prevailing Wage <input type="checkbox"/> Davis Bacon <input type="checkbox"/> HUD Labor Reporting <input type="checkbox"/>			
Subsidiary or Affiliate of another Company? Yes <input type="checkbox"/> No <input type="checkbox"/>		Holding Company or Affiliated Company's Name (if applicable)	
Street Address			Phone Number
City/State/Zip		Principal Contact	
Principal Contact Email Address		States We Do Work In	
Year Business was Established		Former Names Operated Under	
Years Under Present Ownership?		Qualified Minority Business? MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE <input type="checkbox"/>	Union <input type="checkbox"/> Non-Union <input type="checkbox"/>
Owner Names & Ownership %			
Name: _____		% Owned _____	
Name: _____		% Owned _____	
Name: _____		% Owned _____	
Name: _____		% Owned _____	
Primary Estimating Contact		Primary Estimating Contact Email Address	
Please attach a copy of your firm's W9.			

SAFETY

Experience Modification Rate (EMR or eMod factor) Last Yr _____ 1st Prior Yr _____ 2nd Prior Yr _____				
Please check if your Company implements the following safety controls:			Yes	No
Has a written safety program			<input type="checkbox"/>	<input type="checkbox"/>
Has an implemented drug screening policy for all employees			<input type="checkbox"/>	<input type="checkbox"/>
Performs safety orientation & training for all on-site employees			<input type="checkbox"/>	<input type="checkbox"/>
Performs continuing safety education for all on-site employees			<input type="checkbox"/>	<input type="checkbox"/>

LICENSING

Please provide answers to the following questions and attach explanations where necessary:			Yes	No
Has a complaint ever been filed with a Licensing Board against your firm?			<input type="checkbox"/>	<input type="checkbox"/>
Does your firm carry a trade license in any of the following jurisdictions? (Check all that apply) PPRBD <input type="checkbox"/> Denver <input type="checkbox"/> Pueblo <input type="checkbox"/>				

FINANCIAL HISTORY

Bank Reference			
Bank Name		Contact Name	
Address (City, State)		Contact Email	
Does your firm have a line of credit available? Yes <input type="checkbox"/> No <input type="checkbox"/>		Total line of credit amount (\$)	
Line of credit expiration date? _____			

Please provide the following information for the past three fiscal years:			
	Gross Revenue (\$)	Projects Completed (#)	Largest Single Project (\$)
Last Year			
1st Prior Year			
2nd Prior Year			

Please attach your firm's current financial statements. Your financial statement is strictly for Colarelli Construction and will be held in strict confidence. In lieu of providing financial statements, Colarelli Construction will accept a Letter of Bondability from your Surety Company on its letterhead. The letter should include your single job and aggregate parameters.

Please provide answers to the following questions and attach explanations where necessary:	Yes	No
Are there any judgments, claims, arbitrations, proceedings, or lawsuits pending/outstanding against your firm or its officers or principals?	<input type="checkbox"/>	<input type="checkbox"/>
Has your firm ever filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts with the last three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>
Has your firm or any other origination, with which of the officers or partners were involved during the past five (5) years, ever failed to complete any work awarded? If yes, please provide further details.	<input type="checkbox"/>	<input type="checkbox"/>
Submit a list 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 year including any unsettled litigation or arbitration.		

INSURANCE & BONDING

Please read Exhibit D in its entirety.		
Does your company currently maintain insurance that meets or exceeds Colarelli Construction's requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insurance Company	Agent Name	Agent Email Address

Please attach a "For Information Only," or a sample certificate of insurance for review. Project-specific copies are not necessary for prequalification.

Please provide the following bonding information:				
Can you provide a Performance Bond? Yes <input type="checkbox"/> No <input type="checkbox"/>	Bonding Capacity	Single Project	Aggregate	Bond Cost (% or \$/1000)
Name of Bonding Company	Contact	Phone Number		

PORTFOLIO

Provide summary of your firm's three largest projects:	Location	Start	Completion	Contract Amount

REFERENCES (The below references may be contacted by Colarelli Construction for verification purposes.)

Provide three General Contractor references.	
(1) Company Name	Contact
Phone Number	Email Address
(2) Company Name	Contact
Phone Number	Email Address
(3) Company Name	Contact
Phone Number	Email Address

Provide three Supplier references.		
(1) Company Name		Contact
Phone Number	Email Address	
(2) Company Name		Contact
Phone Number	Email Address	
(3) Company Name		Contact
Phone Number	Email Address	

Please ensure an officer or agent authorized to release your firm's credit reference information has reviewed the application for accuracy and is the party signing this form below.

I hereby certify that the information submitted herein, including any attachments, is true and sufficiently complete so as not to be misleading, either by ambiguous presentation or omission of information.

By my signature below, we authorize any third parties, including listed trade and bank references, to provide Colarelli Construction, Inc. with information regarding our company.

Completed by: _____ (Print or Type) _____ (Signature)

Title: _____ As agent for
(Company Name): _____

Date: _____

Colarelli Construction will use this documentation to pre-qualify contractors. Therefore, if you wish to be on our bid list, it is essential that you return the documentation as requested. This document should not be construed to constitute a commitment, or a request to perform any work.