



**H&H Design-Build**  
ANNIVERSARY

**CONTRACTOR'S QUALIFICATION STATEMENT**

**Company Information:** *(Please print or type)*

|   |   |                                       |
|---|---|---------------------------------------|
| Legal Business Name:  |   | Company Website:                      |
| Address/City/State/Zip:   |   |                                       |
| Phone:  | Contact Name & Email:   |                                       |
| Fax:  | Other Contact Name & Email:   |                                       |
| Former Company Names:   |   |                                       |
| List the corporate officers, partners, or proprietors of your firm: if additional space is needed, list on separate sheet of paper & attach to this form. |   |                                       |
| Name/Title/% ownership:   | Name/Title/% ownership:   |                                       |
| Name/Title/% ownership:   | Name/Title/% ownership:   |                                       |
| National Construction Trade Association Membership: <input type="checkbox"/> None   |   |                                       |
| <input type="checkbox"/> Union  | <input type="checkbox"/> Associated Builders<br>2 <sup>nd</sup> Contractors | <input type="checkbox"/> Other: _____ |

**Company Organization**

|   |  |                              |                                       |   |  |
|---|--|------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Corporation  | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership  | <input type="checkbox"/> General or Limited | <input type="checkbox"/> Joint Venture |
| Date of Establishment: _____/_____/_____  |  |                              | State Where Established:              |   |  |
| List of states/metro areas in which authorized to do work (please include license # if applicable): |  |                              |                                       |   |  |
| State/License:  |  | State/License:               |                                       | State/License:                              |  |
| State/License:  |  | State/License:               |                                       | State/License:                              |  |
| <input type="checkbox"/> Federal ID #: _____  |  |                              | <input type="checkbox"/> Other: _____ |   |  |
| Contractor parent company (company name/president/address/phone):                                   |  |                              |                                       | # of Employees (office and field):          |  |

**Company Profile**

|  |  |  |  |
|--|--|--|--|
| Type of Company:   | <input type="checkbox"/> Subcontractor (Furnish & Install) | <input type="checkbox"/> Subcontractor (Install Only)  | <input type="checkbox"/> Supplier (Materials Only) |
| CSI Numbers(s): _____  |  |  |  |
| Average Project Size: (Check all that apply)   |  |  |  |
| <input type="checkbox"/> \$200,000 or below  | <input type="checkbox"/> \$201,000- \$399,000              | <input type="checkbox"/> \$401,000 - \$999,999   | <input type="checkbox"/> \$1,000,000 or more       |
| Types of Projects: (Check all that apply)  |  |  |  |
| <input type="checkbox"/> Schools   | <input type="checkbox"/> Government                        | <input type="checkbox"/> Healthcare  | <input type="checkbox"/> Hospitality               |
| <input type="checkbox"/> Lodging   | <input type="checkbox"/> Industrial                        | <input type="checkbox"/> Office  | <input type="checkbox"/> Restaurant                |
| <input type="checkbox"/> Other: _____  | Please specify: _____                                      |  |  |
| Certified Minority Business Enterprise Contractor (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Certified Woman Business Enterprise Contractor (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Certified by:  |  | Certified by:  |  |
| SDVOSB Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| Federal ID:  |  |  |  |
| Will foreign nationals and/or non-English speaking craft and trade workers perform any part of your contracted scope of work? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Do you have experience with LEED/green buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |
| Do you have experience with Design/Build? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |



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### Bonding & Insurance

|   |  |                             |
|---|--|-----------------------------|
| Insurance Company:  | Insurance Agent:                                       | Insurance Agent Telephone:  |
| Bonding Company:  | Bonding Company Contact:                               | Bonding Contact Telephone:  |
| Total Bonding Capacity:<br>\$   | Current Available Bonding Capacity / Single Job:<br>\$ |                             |
| <b><u>Please attach insurance certificates per sample provided</u></b>      |  |                             |
| Do you currently carry, or can you obtain the following insurance coverage? |  |                             |
| Workers' Compensation Statutory Maximum at Project Site Location?           | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No |
| General Liability \$1,000,000/ \$2,000,000 aggregate                        | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No |
| Automobile Liability \$1,000,000/CSL  | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No |
| Employer Liability \$1,000,000/per statute                                  | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No |
| Umbrella Liability \$1,000,000/\$1,000,000 aggregate                        | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No |

### Safety Information:

|   |   |
|---|---|
| List your experience modification Rate (EMR) for the last three years:        | Number of OSHA recordable incidents over the prior three years:<br>Data available at <a href="http://www.osha.com">www.osha.com</a> |
| Year: Rate:   | Year: No.-  |
| Year: Rate:   | Year: No.-  |
| Year: Rate:   | Year: No.-  |
| Do you have a written Safety Program?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are all employees trained in safety requirements?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Do you have a Company Safety Director or other Safety Professionals on Staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes, Contact Name:   | Phone:  |

### Sales Information: (Three prior fiscal years; 1 is most recent yr.; 3 is furthest)

| Year   | Max. Contract Value Completed | Annual Company Revenue | Current Yr. Company Workload |
|--------|-------------------------------|------------------------|------------------------------|
| Year 1 | \$                            | \$                     | \$                           |
| Year 2 | \$                            | \$                     | \$                           |
| Year 3 | \$                            | \$                     | \$                           |

### Vendor References:

|  |                 |                                   |
|--|-----------------|-----------------------------------|
| Please list three vendor references who you have bought materials from in the last year. |                 |                                   |
| 1.   | Name:           | Contact:                          |
|  | Address:        | Contact Phone Number/Cell Number: |
|  | City/State/ZIP: |                                   |
| 2.   | Name:           | Contact:                          |
|  | Address:        | Contact Phone Number/Cell Number: |
|  | City/State/ZIP: |                                   |



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### Trade or Contractor References

Please list three trade or contractors with whom you have worked for in the last year.

|    |                 |                                   |
|----|-----------------|-----------------------------------|
| 1. | Name:           | Contact:                          |
|    | Address:        | Contact Phone Number/Cell Number: |
|    | City/State/ZIP: |                                   |
| 2. | Name:           | Contact:                          |
|    | Address:        | Contact Phone Number/Cell Number: |
|    | City/State/ZIP: |                                   |

### Bank References

Please list two banks with whom you have worked with in the last 2 years.

|    |                 |                                   |
|----|-----------------|-----------------------------------|
| 1. | Name:           | Contact:                          |
|    | Address:        | Contact Phone Number/Cell Number: |
|    | City/State/ZIP: |                                   |
| 2. | Name:           | Contact:                          |
|    | Address:        | Contact Phone Number/Cell Number: |
|    | City/State/ZIP: |                                   |



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## CONTRACTOR'S QUALIFICATION STATEMENT

Please complete requested information on company's recent major construction projects either completed or in progress; or attach list. (Please make additional copies as needed).

|                                     |    |                                     |    |
|-------------------------------------|----|-------------------------------------|----|
| Name of Project                     |    | Name of Project                     |    |
| Client/Owner                        |    | Client/Owner                        |    |
| General Contractor                  |    | General Contractor                  |    |
| Location                            |    | Location                            |    |
| Contract Value                      | \$ | Contract Value                      | \$ |
| Description of Work Being Performed |    | Description of Work Being Performed |    |
| Architect/Engineer                  |    | Architect/Engineer                  |    |
| General Contractor Contact          |    | General Contractor Contact          |    |
| Phone Number                        |    | Phone Number                        |    |
| Completion (Planned) Date           |    | Completion (Planned) Date           |    |
| Name of Project                     |    | Name of Project                     |    |
| Client/Owner                        |    | Client/Owner                        |    |
| General Contractor                  |    | General Contractor                  |    |
| Location                            |    | Location                            |    |
| Contract Value                      | \$ | Contract Value                      | \$ |
| Description of Work Being Performed |    | Description of Work Being Performed |    |
| Architect/Engineer                  |    | Architect/Engineer                  |    |
| General Contractor Contact          |    | General Contractor Contact          |    |
| Phone Number                        |    | Phone Number                        |    |
| Completion (Planned) Date           |    | Completion (Planned) Date           |    |



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1. Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, or have you had any bankruptcies or reorganizations in the last ten years?  Yes  No  
If yes, please explain:
  
2. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?  Yes  No  
If yes, please explain:
  
3. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been subject of any federal or state suspension or disbarment?  Yes  No If yes, please explain:
  
4. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been the subject of any formal proceeding or consent order with a state or federal agency involving a violation of state or federal contracting or environmental laws?  Yes  No If yes, please explain:

### Credit Authorization

The submitter of this prequalification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? **Yes**  **No**

Dunn & Bradstreet # \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Form ATTN: \_\_\_\_\_ Title: \_\_\_\_\_