

**DDEAN**  
**& ASSOCIATES**  
**GENERAL CONTRACTORS**  
"YOUR VISION, OUR MISSION"

**SUBCONTRACTOR PRE-QUALIFICATION FORM**

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

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Web Site: \_\_\_\_\_

Type of work qualified to perform: (masonry, steel, etc.) \_\_\_\_\_

Specific Geographical Area You Work In: (Example: AL,FL,GA) \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Has Company or any of its Owners Declared Bankruptcy in last 5 years? [ ] Yes [ ] No

Is Company Bondable? [ ] YES [ ] NO – Single Project Limit \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Have you ever failed to complete a project: [ ] YES ( explain details below) [ ] NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever failed to complete a project on time? [ ] YES (explain detail below) [ ] NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a contract terminated due to performance?  YES (explain detail below)  NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your current Worker's Compensation Experience Modification Rating (EMR) \_\_\_\_\_

# Jobs Run @ Time: \_\_\_\_\_ Annual Volume \$ \_\_\_\_\_

Largest Job \$ \_\_\_\_\_ Average Job \$ \_\_\_\_\_ Smallest Job \$ \_\_\_\_\_

Current Contract Backlog: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_

Business Type:  Corporation  Partnership  Limited Liability Company  Sole Proprietor  Other (specify)

| Name & Title | Years with Company |
|--------------|--------------------|
|              |                    |
|              |                    |
|              |                    |
|              |                    |

Is your company a certified:  MBE  WBE  DBE  VBE  SBE  Native American  N/A

Office Personnel  Field Supervisors  Avg. Field Labor  Avg. Shop Labor

**I. Legal Information**

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or

its officer or principals? [ ] YES [ ] NO

*If yes, please provide a complete explanation on a separate sheet.*

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years? [ ] YES [ ] NO

*If yes, please provide a complete explanation on a separate sheet.*

**II. References**

**Banking**

Name & Branch \_\_\_\_\_ Since? \_\_\_\_\_

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

Contact Person \_\_\_\_\_

**Bonding**

Bonding Company \_\_\_\_\_ Since? \_\_\_\_\_

Surety Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Bonding Capacity – Per Project \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Last Bond Issued – Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Rate % \_\_\_\_\_

*Please attach a formal letter from your bonding company.*

**Insurance**

General Liability Carrier \_\_\_\_\_ Since? \_\_\_\_\_

Insurance Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

What is your limit to Liability insurance? \_\_\_\_\_

**Supplier**

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

**5 References (Owner, Architects, and at least 2 General Contractors for work completed within the last 2 years):**

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

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(Title)

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(Signature)

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(Date)

NOTE: D. DEAN & ASSOCIATES, INC. REQUIRES AN INSURANCE CERTIFICATE ON FILE INDICATING AUTO, GENERAL LIABILITY AND WORKER'S COMPENSATION INSURANCE AND EXPIRATION DATES; PLEASE MAIL TO:

D. Dean & Associates, Inc., 350 Manchester Expy, Columbus, GA 31904

**NO SUBCONTRACTOR WILL BE PRE-QUALIFIED WITHOUT INSURANCE OF FILE.**