



Prequalification Application

COMPANY INFORMATION

Name of Company: _____

Main Office Street Address: _____

City/ State/Zip: _____

Mailing Address if different: _____

Name of Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____ Cell: _____ E-mail: _____

Corporation _____ Partnership _____ Individual _____ Joint Venture _____ Other _____ EIN/SS# _____

Do you work: Union _____ Open Shop _____ Both _____ Prevailing Wage _____

Does your business qualify as: DBE _____ MBE _____ SBE _____ WBE _____

Provide certification number (if applicable): _____

Number of Employees: Field Supervisory _____ Office _____ Trades People _____

List the CSI Codes for the work you self-perform: _____

List the CSI Codes for items you subcontract out: _____

Describe geographic locations of your normal work area: _____

Construction Project Experience in (Check all that apply): Retail _____ Government _____ Heavy _____

Commercial _____ Multi-Family _____ Institutional _____ Pharmaceutical _____ Mall Renovation _____

Residential _____ Hospitality _____ Industrial _____ Healthcare _____ Educational _____ LEED _____

Historic _____ Parking _____ Casino _____ Other _____ (Describe) _____

FINANCIAL INFORMATION

Annual Dollar Volume for the past 3 years: Year _____ \$ _____

Year _____ \$ _____

Year _____ \$ _____

Expected Annual Volume for this year: Amount \$ _____ Number of Projects: _____

Largest Contract Completed: Project Name _____ Amount \$ _____

Scope _____ Year _____

Average Range of Projects: Minimum \$ _____ Maximum \$ _____

Percentage of work normally subcontracted: _____ %



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LEGAL INFORMATION

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes _____ No _____

If yes please explain: _____

Have any of the Owners, officers or major stockholders of your company ever been indicted or convicted of any felony of other criminal conduct? Yes _____ No _____

If yes, please explain: _____

Has your Company ever had a claim against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes _____ No _____

If yes, please explain: _____

Does your Company have any outstanding judgments or claims against it? Yes _____ No _____

If yes, please explain: _____

Has any litigation been brought against your Company in the past five (5) years asserting that you failed to make payments to anyone? Yes _____ No _____

If yes, please explain and list litigation: _____

INSURANCE INFORMATION

Liability Broker/Company Name: _____

Insurance agent's name & phone number: _____

Years in business with current insurance agency: _____

Workers Compensation Insurance Experience Modifier: _____

Indicate Current and Maximum Obtainable Limits for the following:

	Current	Max. Obtainable
General Liability	\$	\$
Auto Insurance	\$	\$
Workman's Compensation	\$	\$
Excess Coverage-Umbrella	\$	\$



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SAFETY INFORMATION

Does your company have a safety program? Yes _____ No _____
EMR rating for the past 3 years: _____
For the past 3 years please list:
Number of fatalities: _____ Description: _____
Number of lost & restricted workday cases: _____ Employee hours worked: _____
Number of OSHA Violations your Company received this year: _____
If Violations were willful, provide description: _____
Recordable Incidence Rate: _____ Lost workday incidence rate: _____

BANKING INFORMATION

Name of Bank: _____ Branch Location: _____
Contact Name: _____ Telephone: _____
Line of Credit: \$ _____ Available: \$ _____ Expires: _____

BONDING INFORMATION

Name of Surety Company: _____
Name of Surety Broker: _____
Address of Surety Company: _____
City/ State/Zip: _____
Contact Name: _____ Telephone: _____
Fax: _____ Cell: _____ E-mail: _____
Limits of Bonding Capacity: Single Project: \$ _____ Aggregate: \$ _____
Date of Last Bond: _____ Bond Rate: _____ %
Please list the persons or entities who provide indemnification to your Surety: _____

Please complete and return this form and any related document (by fax or mail) to:
Scungio Borst & Associates TEL: 856-757-0100
One Port Center FAX: 856-757-9115
2 Riverside Drive, Suite 500 Attn: Lindsey Glasgow
Camden, NJ 08103

I hereby certify that the information provided herein is true and sufficiently complete so as to not be misleading.

Signed: _____ Title: _____ Date: _____