



Prequalification Form will NOT be accepted unless it is completed in its entirety and signed

Please select the state that you are submitting your qualifications for: **AZ IL CA CO**
Other: _____

Business Information

Date Completed: _____

Legal Company Name: _____
(and DBA) _____
Address: _____
(No PO Boxes) _____

Executive Contact: _____
Safety Director: _____
Estimating Contact: _____

Phone: _____ Fax: _____
Email: _____ Website: _____

Other Branch Offices: _____

Design/Build Experience: Yes No
If Yes, Engineering Staff is: Internal External

Years in Business Under Present Name: _____ Years
Previous Business Name or Employment, if less than five (5) years: _____

Status: Union Open Shop Prevailing Wage

Tax Identification No.: (TIN) _____

List of all applicable State Contractor's License Numbers: _____
List all unions that you are signatory to: _____

Company Type: Corporation Joint Venture DBA Individual
 Partnership Sole Proprietor LLC

Work Performed / Region

List the CSI/Trade sections that your organization is licensed to perform:

Check the markets your company has experience in:

Aerospace Entertainment Industrial Retail
 Casino Healthcare Institutional Tenant Improvement
 Educational Hospitality Residential Other: _____



Business Certification

Does your business hold any of these certifications: Yes No
(If yes, please complete the remainder of this section and attach documentation)

<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Woman Owned	<input type="checkbox"/> Small Business
<input type="checkbox"/> Disadvantaged Business	<input type="checkbox"/> HubZone	<input type="checkbox"/> Veteran Owned
<input type="checkbox"/> Helmets to Hard Hats	<input type="checkbox"/> Other-1	<input type="checkbox"/> Other-2

Financial

Name of Bank: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Amount of Line of Credit: \$ _____
 Company Dunn and Bradstreet number: _____

ALL CONTRACTS OVER \$100,000 WILL REQUIRE AUDITED FINANCIAL STATEMENTS

Average Contract Size over the last five (5) years: \$ _____
 Average annual revenue over the last five (5) years: \$ _____

Insurance

Does your company meet W.E. O'Neil Construction's minimum standard insurance requirements?
 Yes No (refer to attached minimum insurance requirements)

Please attach samples of your current Certificates of Insurance and Endorsements for review.

Bonding (This is required on most of our projects, please carefully review and complete)

Is your company bondable? Yes No
(If N/A or not bondable, please provide explanation)

Bonding Capacity in aggregate: \$ _____ Bonding capacity per project: \$ _____
(Current \$\$ Value required, DO NOT state unlimited)

Bonding Rate Percent: _____ % Total value of current Bonds: \$ _____

Bonding Company (Surety, not Agent): _____
(List complete Surety Name as it appears on the Dept. of Treasury's Listing of Approved Sureties (Department Circular 570))

Bonding Company A.M. Best Rating: _____

Bond Agency Contact Name: _____ Phone: _____



Past Performance

Has your organization ever failed to complete any awarded work in the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i>
Are there any judgments, claims, arbitration proceedings and/or suits pending against your organization or its officers in the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i>
Has your organization filed any lawsuits, arbitration, mediation or liens with regard to construction contracts within the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, Attach explanation)</i>

Safety

How many OSHA violations has this business incurred over the past three (3) years? _____

What is this business' Worker's Comp EMR history for the past three (3) years and the current year?
(Please contact your Worker's Comp Agent to verify your Comp EMR)

Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

What is this business' OSHA recordable incident rate for the past three (3) years and the current year?
(Number of recordables X 200,000 / man-hours worked)

Current Year _____ 1 Year Ago _____ 2 Years Ago _____ 3 Years Ago _____

How many fatalities has this business incurred over the past three (3) years? _____

Does this business have a written safety policy? Yes No
(A copy will be required if selected for the project)

Does your company comply with the Drug Free Work Act? Yes No

References

List Contact information for three (3) owners, general contractors, or construction managers for whom the company has worked in the past two (2) years below:

Company	Contact	Phone	Email or Fax

List Contact information for your three (3) major suppliers:

Company	Contact	Phone	Email or Fax



Recent Project Experience: (Additional pages may be added if needed)

1. List All Projects Ongoing or Completed In The Past 2 Years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, ie: Design Build/ Hard Bid/CM@Risk/GMP)

2. Projects with W.E. O'Neil Construction (include all offices): (Include Project Name, Owner, Architect, Contract Amount, Percentage or Date Completed. Specify type of project, ie: Design Build/Hard Bid/[CM@Risk/GMP](#))

3. Largest Three Projects completed in the last 5 years: (Include General Contractor, Project Name, Owner, Architect, Contract amount, Percentage or Date Completed. Specify type of project, ie: Design Build/Hard Bid/CM@Risk/GMP)

4. Does your company have LEED Experience? Do you have LEED Accredited professionals? If so, how many?

5. Does your company have BIM (Building Information Modeling) Experience? If so, what software do you use?

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

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

Title: _____

Date Completed: _____