

Prequalification Form



Leander Construction, Inc.

Prequalification Form will NOT be accepted unless it is signed.

Fields in red are required

Business Information

Company Name: _____

Address: _____

Primary Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Other branch office: _____

Years in business under present name: _____ years

Previous business name, if less than five (5) years: _____

Status: Union Non-Union

Employer Identification Number: _____

List of all applicable State Contractors License Numbers:

Labor Contracts to which you are signatory (Craft, local, BA):

Company type: Corporation Partnership Individual LLC

DBA Joint Venture Sole Proprietor

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Work Performed/Region

Check the categories your company has experience in:

- Healthcare Education K-12 Higher Education Industrial
 Retail Other commercial: _____

Geographic area and any limitations:

Business Classification

Does your business meet a special classification: Yes No

If yes, please complete the remainder of this section and attach documentation

- Minority owned Woman owned Small business Veteran owned
 Disadvantaged business
 Other 1 _____ Other 2 _____ Other 3 _____

Minority Certification Status: N/A Self Public Private
(Copy required)

City: _____ NMSDC Affiliates: _____

State: _____ *(National Minority Supplier Dev. Council)*

Country: _____

Financial

Name of bank: _____

Address: _____

Contact person: _____

Phone: _____

ALL CONTRACTS OVER \$200,000 MAY REQUIRE FINANCIAL STATEMENTS (Audited, reviewed, or compiled).

Average contract size over the last five (5) years: \$ _____

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

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Insurance

Company meets Leander Construction, Inc.'s minimum insurance requirements as posted on our website:

Yes No

Bonding

Is your company bondable? Yes No

Bonding capacity in aggregate: \$ _____

Bonding capacity per project: \$ _____

Bonding company (Surety, not Agent): _____

Bond agency contact name: _____ Phone: _____

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 3 years?

Please contact your Worker's Comp Agent to verify your Comp EMR.

Current year: _____ 1 year ago: _____ 2 years ago: _____ 3 years ago: _____

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

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:

Company	Contact	Phone	E-mail/Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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References (Continued)

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

Company	Contact	Phone	E-mail/Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Recent Project Experience (additional pages may be added if needed)

Largest five (5) project completed: *(Include general contractor, project name, owner, contract amount, percentage or date completed)*

Has your organization ever failed to complete any awarded work in the last seven (7) years:

Yes No

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

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

Title: _____

Date completed: _____