

Prequalification Form must be completed in its entirety.

Project (If Applicable): _____

Date: _____

BUSINESS SECTION

Legal Business Name			Type of Company		
			<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Supplier	<input type="checkbox"/> Both
Address #1 (Street Address)			Address #2 (Mailing Address)		
City	State	Zip	City	State	Zip
Principal Contact		Contact's Title		Years in Business <small>(Under Current Name)</small>	# of Employees
Business Phone Number		Contact's Cell Number		Fed. Tax ID#	
Company Website URL		Contact's Email		Business Type	
				<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC/LLP
				<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other
				<input type="checkbox"/> Partnership	Labor Affiliation
				<input type="checkbox"/> Union	
				<input type="checkbox"/> Merit Shop	

Is company a certified MBE, DBE, or SDB? YES NO

If yes, select one: MBE DBE SDB Other:

Have the officers of the business done the same work under a different name? YES NO

If yes, under what name?

Does the legal business have a parent, affiliate, or subsidiary company? YES NO

If yes, what are the parent, affiliate, or subsidiary companies?

Design-Build Capabilities? YES NO **If yes, is Engineering Staff:** Internal External

Have you failed to complete awarded work or been terminated for cause? YES NO

Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? YES NO

If yes, explain on a separate sheet and attach to this form.

List the corporate officers, partners, or proprietors of your firm:
(If additional space needed, list on a separate sheet and attach to this form)

Name	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any of the above officers ever done business with Overland Construction Corporation through another company?
(If yes, explain on a separate sheet and attach to this form)
SAFETY SECTION
List your Experience Modification Rate (EMR) for the last 3 years:

Year	Rate
_____	_____
_____	_____
_____	_____

Number of OSHA Recordable incidents over the prior 3 years:
(Data available at www.osha.com)
Do you have a written Safety Program? YES NO
Are all employees trained in safety requirements? YES NO
Do you have a Company Safety Director or other Safety Professionals on Staff? YES NO *If yes, enter contact information.*

Phone: _____

Contact Name: _____ Email: _____

PROJECT INFORMATION SECTION
List data for three most recent completed fiscal years

Year	Max. Contract Value Completed	Annual Company Revenue	Current Year Company Workload
Year 1	_____	_____	_____
Year 2	_____	_____	_____
Year 3	_____	_____	_____

List the types of projects for which your company typically performs work or in which it specializes.

LICENSURE SECTION

List license numbers of jurisdictions in which your company is legally qualified to work.

(If additional space needed, list on a separate sheet and attach to this form)

State	License Number	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE AND BONDING SECTION

Do you currently carry, or can you obtain the following insurance coverage?

Worker's Compensation Statutory Maximum at Project Site Location?

YES NO

General Liability

YES NO

Automobile Liability

YES NO

Employer Liability

YES NO

Insurance Company	Insurance Agent	Insurance Agent Telephone
_____	_____	_____
Bonding Company	Bonding Company Contact	Bonding Contact Telephone
_____	_____	_____
Total Bonding Capacity	Current Available Bonding Capacity	Bonding Contact Email
_____	_____	_____

REFERENCE SECTION

Project References (within last three years)

Project Name	Project Location (City, State)	Completion Date (MM/YY)
_____	_____	_____
Your Firm's Approx. Contract Amount	Project General Contractor	General Contractor Contact
_____	_____	_____
Email		
Phone		

Briefly Describe Work Performed By Your Firm:		

Project Name	Project Location (City, State)	Completion Date (MM/YY)
_____	_____	_____
Your Firm's Approx. Contract Amount	Project General Contractor	General Contractor Contact
_____	_____	_____
Email		
Phone		

Briefly Describe Work Performed By Your Firm:		

Project Name	Project Location (City, State)	Completion Date (MM/YY)
_____	_____	_____
Your Firm's Approx. Contract Amount	Project General Contractor	General Contractor Contact
_____	_____	_____
Email		
Phone		

Briefly Describe Work Performed By Your Firm:		



Major Supplier References *(list three current supplier references)*

Company Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Contact	Email		Phone	
_____	_____		_____	

Company Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Contact	Email		Phone	
_____	_____		_____	

Company Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Contact	Email		Phone	
_____	_____		_____	

Bank References *(list three financial references)*

Financial Institution	Address	City	State	Zip
_____	_____	_____	_____	_____
Contact	Phone	Email	Established Line of Credit?	
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Financial Institution	Address	City	State	Zip
_____	_____	_____	_____	_____
Contact	Phone	Email	Established Line of Credit?	
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Financial Institution	Address	City	State	Zip
_____	_____	_____	_____	_____
Contact	Phone	Email	Established Line of Credit?	
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	

SCOPES OF WORK

CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of Overland Construction Corporation

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

INFORMATION SUPPLIED BY:**Signature:****Print Name:****Title:****Company:****Email:****Phone:****EMAIL COMPLETED FORM TO:****Name:** Brandon Bulloch**Title:** VP of Preconstruction**Company:** Overland Construction**Email:** brandonb@overlandcorp.com**Phone:** (480) 331-1343