



SUBCONTRACTOR PREQUALIFICATION APPLICATION

All applications will be reviewed by **NARDI** Construction, Inc.'s Estimating and Project Management Team. All subcontractors will be notified of their qualification status within 30 days of receipt of this completed form. All applications must be completed by the close of business on the day before bids are due to **NARDI** Construction, Inc.

List, by trade, the Divisions of Construction your company intends to bid.

COMPANY INFORMATION

1. Legal Company Name _____

2. Company Name / DBA _____

3. Address _____

4. Mailing Address (if different) _____

5. Phone Numbers Office _____ Fax _____

6. Type of Firm _____ Corporation _____ Partnership _____ Sole Proprietor
 _____ Limited Liability Corporation _____ Other

7. State of Incorporation _____ County of Location _____

8. Years in Business _____ Number of Management Employees _____ Field Personnel _____

9. Federal ID # _____ Social Security # _____

10. If Company is Minority/Female/DSLBD-CBE/LSDBE/DAV/VVA or any other classification list below

11. Key Personnel (Include Owners, Officers, Principals, Directors)

Name	Position/Title
_____	_____
_____	_____
_____	_____

12. Name and title of persons authorized to sign bids, proposals and contract documents

Name	Position/Title
_____	_____
_____	_____

13. States and Counties where licensed to work _____

14. Geographic area where you prefer to work _____

15. Indicate the dollar range that best suits your Company
Under \$50,000 _____ \$50,000-\$100,000 _____ \$100,000-\$250,000 _____ \$250,000-\$500,000 _____
\$500,000-\$750,000 _____ \$1,000,000- \$1,500,000 _____ Over \$1,500,000 _____

16. List Company's volume of business, in dollars, for the following years
2009 \$ _____ 2010 \$ _____ 2011 \$ _____

BANKING INFORMATION

Bank Name _____

Bank Address _____

Contact _____ Phone No. _____

Existing Available Line of Credit \$ _____

SURETY INFORMATION

Surety Name _____

Surety Address _____

Contact _____ Title _____ Phone No. _____

BONDING AGENT

Bonding Company _____

Letter of Bondability _____ Bonding Line Single Job \$ _____ Aggregate Bonding Program \$ _____

Bonding Agent Name _____

Agent Address _____

Contact _____ Title _____ Phone No. _____

Provide an Insurance Certificate (call for template). Insurance Requirements will be established on a Job-by-Job basis.

Is Company Prequalified to Perform Public Sector Work?

Yes _____ No _____ Clearances: Yes _____ No _____

List Government Agencies where prequalified and/or cleared:

a. _____

b. _____

c. _____



EXPERIENCE

List Contracts completed or awarded within the past three years. Minimum of five (5) projects must be included. Information will be verified. If more room required attach additional page.

Include Project Name & Description	Include Contract Amount and Completion Date	Include Owner/General Contractor, Contract Phone and Fax Numbers

Will a copy of your Company's Current Financial Statement be available if required?

REFERENCES

List three trade credit references with contact name and phone number

- a. _____
- b. _____
- c. _____

List three General Contractors/Developers/CM your Company has previously worked with

- a. _____
- b. _____
- c. _____

This application must be signed by an authorized person. (See Company Info #12)

Signature _____

Printed Name _____

Position/Title _____

Date _____

By signature you agree that the above information is true and accurate.

