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## CONSTRUCTION

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### PREQUALIFICATION FORM

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#### TRADE CONTRACTOR PREQUALIFICATION FORM

DATE: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

#### **GENERAL INFORMATION:**

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Georgia Contractor's License Number(s): \_\_\_\_\_

#### **HISTORY**

Type of Work: \_\_\_\_\_

Years Performing this Work: \_\_\_\_\_ No. Permanent Employees: \_\_\_\_\_

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**HAS FIRM EVER:**

- 1. Failed to Complete a Project [ ] Yes [ ] No
- 2. Been Involved in Bankruptcy or Reorganization [ ] Yes [ ] No
- 3. Pending Judgments, Suits [ ] Yes [ ] No

*\* If answer **yes**, please submit details on a separate sheet.*

**FINANCIAL INFORMATION**

Volume of Work Completed in the Last Three (3) Years:

2021: \_\_\_\_\_

2022: \_\_\_\_\_

2023: \_\_\_\_\_

Work Currently Under Contract: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_

**BONDING**

Does Firm Have Bonding Capabilities? [ ] Yes [ ] No

*\* If yes, please Answer the Following:*

Bonding Limit per Project: \$ \_\_\_\_\_

Total Aggregate Bonding Limit: \$ \_\_\_\_\_

Value of Work Presently Bonded: \$ \_\_\_\_\_

Bonding Agent:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

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**INSURANCE**

Firm must provide a certificate of insurance as proof of coverage for all insurance listed below. No Worker’s Compensation exemptions are accepted.

- a) **Workers’ Compensation and Employers’ Liability Insurance** shall be purchased and maintained in force by the trade contractor for all employees engaged in this work, in accordance with the laws of the State of Georgia, and, if applicable to the work involved, shall include Federal Longshoremens’s and Harbor Workers’ Compensation Act Coverage. The amount of Employers’ Liability Insurance shall not be less than:

<b>Workers’ Compensation Employers Liability</b>	<b>Statutory Requirements \$100,000 Limit Each Accident \$500,000 Limit Disease Aggregate \$100,000 Limit Disease Each Employee</b>
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- b) **Commercial General Liability Insurance** shall be purchased and maintained by the trade contractor during the period of construction, and for two years following the owner’s acceptance of the project. Coverage shall include but not be limited to Premises and Operation, Per Project Aggregate, Personal Injury, Contractual for this Contract, Independent Contractors, Broad Form Property Damage, and Products & Completed Operations Coverage and shall not exclude coverage for the “X” (explosion), “C” (Collapse), and “U” (Underground) Property Damage Liability exposures. Limits of Coverage shall be at least:

<b>Bodily Injury &amp; Property Damage Liability</b>	<b>\$1,000,000 Combined Single Limit Occurrence \$2,000,000 Combined Single Limit Aggregate</b>
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- c) **Business Automobile Liability Insurance** shall be purchased and maintained by the trade contractor as to ownership, maintenance, and use of all owned, non-owned, leased or hired vehicles with limits of not less than:

<b>Bodily Injury Liability Property Damage Liability</b>	<b>\$1,000,000 Limit Each Person \$1,000,000 Limit Each Accident</b>
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Or

<b>Bodily Injury &amp; Property Damage Liability</b>	<b>\$1,000,000 Combined Single Limit Each Accident</b>
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d) **Installation Floater Insurance** shall be purchased and maintained by trade contractor on an “all risk” (including coverage for the perils of wind and flood) installation floater in the amount of \$150,000 or the initial subcontract price, plus the value of any subsequent modifications, whichever is greater. All deductibles under this coverage shall be paid by the trade contractor. This coverage shall be primary and non-contributory to any Builder’s Risk coverage on the overall project that may be provided by the Owner or Contractor.

e) **Excess Liability (Umbrella)** shall be purchased and maintained by the trade contractor with a minimum limit of \$1,000,000.

**SAFETY**

Does Firm Have a Written Safety Program?  Yes  No  
Does Firm Have a Written Hazardous Communication Program?  Yes  No  
Has Firm Ever Been Cited by OSHA within the Last 3 Years?  Yes  No

*\* If answered yes, please submit details on a separate sheet.*

**W/M.B.E. or SERVICE DISABLED VETERAN CLASSIFICATION**

Is Firm a Minority Business Enterprise (MBE)?  Yes  No

*\* If yes,*  Black/African American  Hispanic/Mexican  Other

Is Firm a Women/Minority Business Enterprise (W/MBE)?  Yes  No

*\* If yes, please attach copy of all certifications received by Firm.*

Is Firm a Service Disabled Veteran Owned Business?  Yes  No

*\* If yes, please attach copy of all certifications received by Firm.*

Are you Certified with either (i) the State of Georgia, Department of Labor and Employment Security; (ii) a County in Georgia; (iii) a City in Georgia; or (iv) a school board in Georgia?

Yes  No

*\* If yes, please attach copy of all certifications received by Firm.*

Is Firm a Certified W/MBE or Service Disabled Veteran Owned Business in another state?

Yes  No If **yes**, which state? \_\_\_\_\_

*\* If yes, please attach copy of all out of state certifications received by Firm.*

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**REFERENCES:**

Material Suppliers:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

General Contractor:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Contact: \_\_\_\_\_

List Two Largest Projects Currently Under Construction:

Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

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I, HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THE  
INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2024

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title