



## SUBCONTRACTOR / VENDOR PREQUALIFICATION QUESTIONNAIRE

*Subcontractors/Vendors shall complete this form and submit it to Avenue Construction, Inc. The information will be reviewed as part of the pre-qualification process. Provide the requested information as completely as possible to allow for review as well as evaluation of your company. If additional space is needed, please feel free to attach another sheet.*

Name of Company: \_\_\_\_\_ Company Website: \_\_\_\_\_

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

Type of Business: Subcontractor or Vendor/Supplier: \_\_\_\_\_

Primary CSI codes (trades/products): \_\_\_\_\_

Type of Company (Corporation, Partnership, Sole Proprietorship, LLC): \_\_\_\_\_

State Incorporated: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Name of Officers, Owner, Partners:

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Secretary: \_\_\_\_\_

If your organization is individually owned, answer the following:

Date of Organized: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Are you a subsidiary of or Division of another Company: \_\_\_\_\_

If Yes; Parent Company Name: \_\_\_\_\_

Length of Time in the Business: \_\_\_\_\_ Years in Business Under Present Name: \_\_\_\_\_

Current Number of Full Time Field Personnel: \_\_\_\_\_

Is Your Firm in Compliance with EEO Requirements: \_\_\_\_\_

Regional/States your firm works in: \_\_\_\_\_

List three most recent projects completed (or currently in progress) on a separate sheet including name of General Contractor and Owner.

Attach current financial statements, preferably audited or tax returns (*all information will be treated as confidential*).

Attach current Certificate of Insurance:

**Business Volume over the last Three Years:**

20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_



Average Contract in the last three years: \$ \_\_\_\_\_ Current Equity Balance: \$ \_\_\_\_\_

Largest Contract in the last three years: \$ \_\_\_\_\_

**Bank References:** Include Name, Address and Contact

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Bonding Capacity: Aggregate Limit: \$ \_\_\_\_\_ Single Job Limit: \$ \_\_\_\_\_

Bonding Company Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

Are there any Judgements, Claims or Suits Pending Against Your firm: \_\_\_\_\_

**Trade References:** Include Name, Address and Contact

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**List your company's Workers Compensation (WC) Experience Modification Rate (EMR) for the three most recent years:**

20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_

By signing below, we hereby authorize Avenue Construction, Inc. to contact our references listed above for the purpose of determining our current credit status. Furthermore, we recognize that Avenue Construction, Inc. will be relying on the accuracy of the information on this questionnaire in approving payments and/or issuing agreements:

Signature: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

By (Name Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_