

**SKYBECK CONSTRUCTION, LLC
SUBCONTRACTOR PRE-QUALIFICATION FORM**

As part of our evaluation we request the following information:

(When completed please email to anyer@skybeck.com. Questions may be directed to 512-225-9343

COMPANY INFO:

COMPANY'S LEGAL NAME: _____

Address: _____ City, State, Zip: _____

Is this a residential address? Y___ N___

Phone #: _____ Fax #: _____

POINT OF CONTACT FOR BID: _____

NAME/TITLE

POINT OF CONTACT FOR ACCOUNTING: _____

NAME/TITLE

E-MAIL ADDRESS: _____ # OF EMPLOYEES _____

TYPE OF COMPANY: _____ SPECIAL GROUP: _____

Select one: Corporation Partnership Sole Proprietor (MBE/WBE/UNION,etc)

FED ID # _____ or S.S. # _____

Owners or Major Stockholders _____

Date the Firm was organized in its present form _____ D&B# _____

HAVE YOU BEEN IN BUSINESS UNDER ANY OTHER NAME IN PAST FIVE YEARS? _____

NAME OF BUSINESS _____ & EXPLAIN ON SEPARATE PAPER

IS THE FIRM NOW, OR HAS EVER BEEN INVOLVED IN BANKRUPTCY PROCEEDINGS? _____ (IF YES, EXPLAIN ON SEPARATE PAPER.)

ARE THERE ANY PENDING OR OUTSTANDING JUDGEMENTS, CLAIMS, OR SUITS? Y___ N___ (IF YES, EXPLAIN ON SEPARATE PAPER)

DO YOU PLAN ON SUBCONTRACTING ANY OF YOUR WORK OUT? _____ IF SO,

RNGCUG'NKUV"Y J KEJ "RQT VKQP U'QH[QWT"UEQRG _____ aaaaaaaaaa
aa

DO YOU CURRENTLY HOLD A STATE LICENSE IN THE STATE QH'VGZCU? Y____ N____

REFERENCES:

BANK REFERENCE: _____

Name of Contact _____ Ph# _____

SUPPLIER REFERENCES: (Please list the subs/suppliers you plan to utilize for this project and have a history with)

NAME	ADDRESS	PHONE	ACCT #
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

GENERAL CONTRACTOR REFERENCES: (Please list projects your company has done with similar scope.)

NAME /PHONE	PROJECT	VALUE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

JOB HISTORY:

PLEASE LIST THE 3 LARGEST JOBS IN THE PAST 3 YEARS:

PROJECT NAME/GENERAL CONTRACTOR	CONTACT/PHONE #	CONTRACT VALUE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WHAT IS THE AVERAGE DOLLAR AMOUNT ON YOUR JOBS: _____

AVERAGE ANNUAL VOLUME: _____

BONDING CAPACITY: _____

HOW MANY PROJECTS ARE CURRENTLY UNDER CONTRACT? _____ EA

TOTAL DOLLAR VOLUME OF UNCOMPLETED WORK? _____

HAVE YOU EVER FAILED TO COMPLETE A JOB OR RECEIVED A NOTICE OF TERMINATION? _____

IF YES, PLEASE EXPLAIN ON SEPARATE PAPER.

INSURANCE & SAFETY:

INSURANCE AGENT:

NAME: _____

COMPANY _____

PH# _____

BONDING AGENT:

NAME: _____

COMPANY _____

PH# _____

IF REQUIRED, CAN A PAYMENT & PERFORMANCE BOND BE RECEIVED FOR THIS JOB? _____ AT WHAT RATE? _____

EXPERIENCE MODIFIER FOR LAST 3 YEARS: 20__ : _____ 20__ : _____ 20__ : _____

DO YOU HAVE A SAFETY PROGRAM IN PLACE? _____

HAVE YOU RECEIVED AN OSHA CITATION IN THE LAST 3 YEARS UNDER ANY BUSINESS YOU'VE OPERATED UNDER? _____ IF YES, EXPLAIN ON BACK OR ATTACH A COPY

NOTICE:

ATTACHED IS A SAMPLE OF WHAT OUR INSURANCE REQUIREMENTS ARE. PLEASE FORWARD THESE TO YOUR AGENT AS SOON AS POSSIBLE . A CURRENT AND PROPER CERTIFICATE MUST BE ATTACHED TO THIS QUALIFICATION FORM FOR YOU TO BE CONSIDERED FOR THIS JOB.

IF YOU DO NOT HAVE THESE LIMITS CURRENTLY, ARE YOU ABLE TO OBTAIN THE NECESSARY INSURANCE LIMITS AS PER OUR INSURANCE EXHIBIT ATTACHED?

Y____ N____ (If no, list reason on separate paper)

I certify that all the above information is true and correct and hereby authorize SKYBECK CONSTRUCTION, LLC to perform a background check on my company to include a credit check with the supplier, job, and contractor references listed above.

SIGNATURE OF OWNER

DATE