



InterCon Building Company, LLC
 PO Box 34443
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 Phone: (704)522-1140
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 www.interconbuildingcorp.com

**SUBCONTRACTOR
 PREQUALIFICATION FORM**

Thank you for your interest in working with InterCon. Please complete this form so that we may develop a more complete knowledge of your Company and better match future InterCon opportunities to your Company's capabilities. This form can be filled out using Adobe Acrobat Reader. If you choose to write in your information, PLEASE PRINT your responses.

Company Address:

Date:

Name Of Company:

Street Address:

City: State: ZIP:

Web Site:

Is this address the: Main Office Regional Office Branch Office

Name Of Parent Company:

Street Address:

City: State: ZIP:

Contact Information:

Project Management First: Middle: Last:

Phone #: Fax #: E-mail:

Estimator First: Middle: Last:

Phone #: Fax #: E-mail:

Accounting First: Middle: Last:

Phone #: Fax #: E-mail:

Company Information:

Is your Company? MBE WBE DBE MBE/WBE/DBE Certified by:

Attach copies of all certifications.

Company Information Continued:

Year your Company Started: Type: Corporation Partnership Proprietorship S-Corporation
State Incorporated In: Date Of Incorporation:

Fill in the trade(s) that your Company is interested in bidding.

Trade 1:	<input type="text"/>
Trade 2:	<input type="text"/>
Trade 3:	<input type="text"/>
Trade 4:	<input type="text"/>
Trade 5:	<input type="text"/>

Contractors License #: State: Expiration:

State Sales Tax Registration #: State Unemployment Insurance #: Federal ID #:

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

Name:	<input type="text"/>	Year of Birth:	<input type="text"/>	Position:	<input type="text"/>	Percent Owned:	<input type="text"/>
Name:	<input type="text"/>	Year of Birth:	<input type="text"/>	Position:	<input type="text"/>	Percent Owned:	<input type="text"/>
Name:	<input type="text"/>	Year of Birth:	<input type="text"/>	Position:	<input type="text"/>	Percent Owned:	<input type="text"/>
Name:	<input type="text"/>	Year of Birth:	<input type="text"/>	Position:	<input type="text"/>	Percent Owned:	<input type="text"/>
Name:	<input type="text"/>	Year of Birth:	<input type="text"/>	Position:	<input type="text"/>	Percent Owned:	<input type="text"/>
Name:	<input type="text"/>	Year of Birth:	<input type="text"/>	Position:	<input type="text"/>	Percent Owned:	<input type="text"/>

Under what other names has your company operated?



How many people are employed by your Company?

Office:

Field Supervisors:

Tradespeople:

What is the average number of employees over the past 5 years?

Office:

Field Supervisors:

Tradespeople:

Has your Company or any of its principals ever been petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes No

If answered yes, give explanation.

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of a felony or any other criminal activity? Yes No

If answered yes, give explanation.

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? Yes No

If answered yes, give explanation.

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes No

If answered yes, give explanation.

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? Yes No

If answered yes, give explanation.

Does your Company have any outstanding judgements or claims against it? Yes No

If answered yes, give explanation.



Has your company or anyone associated within your company ever been charged or investigated for alleged labor law violations including alleged violations of the Immigration Control and Reform Act; state or local laws regarding employment or immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws?

Yes No

If answered yes, give explanation.

Please list any litigation brought against your Company in the past five years asserting that you failed to make payments to anyone.

List Each Occurrence:

List areas within USA you conduct business:

List Unions which you have agreements with:

Local #	<input type="text"/>	Union Name:	<input type="text"/>	End of Agreement:	<input type="text"/>
Local #	<input type="text"/>	Union Name:	<input type="text"/>	End of Agreement:	<input type="text"/>
Local #	<input type="text"/>	Union Name:	<input type="text"/>	End of Agreement:	<input type="text"/>
Local #	<input type="text"/>	Union Name:	<input type="text"/>	End of Agreement:	<input type="text"/>

Choose the project range that your are most competitive in.

- < \$100K
- \$100K to \$200K
- \$200K to \$500K
- \$500K to \$1MIL
- \$1MIL to \$3MIL
- \$3MIL to \$6MIL
- \$6MIL to \$9MIL
- \$9MIL to \$15MIL
- > \$15MIL

Choose each project size you are able to perform.

- < \$100K
- \$100K to \$200K
- \$200K to \$500K
- \$500K to \$1MIL
- \$1MIL to \$3MIL
- \$3MIL to \$6MIL
- \$6MIL to \$9MIL
- \$9MIL to \$15MIL
- > \$15MIL



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Indicate the types of construction your company has performed.

- Warehouse/Industrial
- Retail
- Interiors

- Broadcast & Media
- Correctional Facilities
- Commercial

- Design Build
- Institutional
- Residential

List the work you normally perform with your own workforce.

What % of work do you self-perform?

 %

What trades do you normally subcontract?

What is the largest contract your Company has completed?

Amount \$

Year

Project Name, Owner, GC and scope of work.

What is the largest dollar volume job you expect to do during this year?

Amount \$

Project Name, Owner, GC and scope of work.

What is your expected annual volume this year?

Amount \$

of Projects

What is your average annual volume the last 5 years?

Amount \$

of Projects



References:

On a separate sheet, list 3 each major projects your organization has ***in progress and completed*** for the scope of work that you are prequalifying for. Provide the following information for **each** project:

- Project Name
- Owner
- General Contractor
- GC contact name, phone number & e-mail address
- Contract amount
- Percentage complete (your scope)
- Percentage of subcontracted work
- Scheduled completion date or actual date of completion
- Percentage of work performed with your own forces

On a separate sheet, list 4 trade/credit references. Provide the following information for each reference::

- Company Name
- Address
- Contact name, phone number & e-mail address

List bank reference (Use a separate sheet for additional references)

Bank:

Street Address:

City: State: ZIP:

Phone: Fax:

Safety & Loss Prevention

In the last 3 years, has your company ever received a Serious, Willful, or Repeat violation under the OSHA Construction or General Industry Standards? *If yes, attach detailed list of the incident date, OSHA Standard your company was cited under and if any monetary fines were paid.* Yes No

Please list your company's last four years Experience Modification Rate (EMR):

2013 2014 2015 2016

Do you have a Substance Abuse Policy? Yes No

If yes, please check the following that apply and have copy of your Substance Abuse policy available upon request: Pre-Employment Post Accident Random For Cause

Do you meet our Insurance Requirements? Yes No
Provide a copy of your current certificate of insurance.



Subcontract Bond Requirements:

Subcontract Performance and Payment Bonds may be required for this project. Bonds must be issued on standard AIA Subcontract Bond forms.

Please complete the following prequalification information:

Surety Company:

Street Address:

City: State: ZIP:

Phone: Fax:

Surety Agent:

Street Address:

City: State: ZIP:

Phone: Fax:

BOND CAPACITY:

AMOUNT CURRENTLY IN USE:

BOND RATES:

We have attempted to answer all questions in a full complete manner to assure that our answers are not in any respect misleading either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that InterCon will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company. I agree

Initials:

Name:

Date:

