



TRADE CONTRACTOR PREQUAL FORM



All items may be sent to qualifications@brasfieldgorrie.com

Company Name:	
Employer Identification Number:	
Street Address:	
City, State, Zip Code:	
Phone Number:	
Contact/Submitted By:	
Email Address:	
Primary Trade(s):	
Job Name and Location you are interested in:	

The following documents will be required for subcontractor financial analysis. **Partial submissions will not be considered.**

1. Last two fiscal yearend financial statements to include CPA opinion letter, balance sheet, income statement, cash flow statement, and footnotes to the financial statements.
2. If last fiscal yearend is over six months old, please also provide current interim statements to include balance sheet and income statement.
3. Current letter from Surety provider indicating single job and aggregate program support, duration of relationship, and comments on any open bond claims.
4. Letter from your bank regarding current lines-of-credit; indicate total amounts of lines-of-credit as well as what is currently outstanding and average outstanding over past 12 months.
5. Provide backlog (value remaining to be billed):

Backlog (value remaining to be billed)	As of Date (mm/dd/yyyy)

6. Provide current P&P Bond Rate: _____

7. List major construction projects your organization currently has in progress:

Project Name/Location	General Contractor	GC Contact and Phone	Contract Amount	% Complete

8. List major construction projects your organization has completed in the past five years:

Project Name/Location	General Contractor	GC Contact and Phone	Contract Amount	Completion Date

9. Provide revenue for the past three (3) years:

Year	Total Revenue

10. Provide worker compensation experience modification rate for the past three (3) years:

Year	Rate	Carrier

11. Provide number of OSHA Citations for the past three (3) years:

Year	Number of Citations	Number of Fatalities	Reason

12. Provide Recordable Incident Rates, Loss Time Incident Rates, and Employee Hours Worked for the past three (3) years:

Year	Number of Recordable Incidents	Number of Loss Time Incidents	Employee Hours Worked

13. Indicate any Diversity Certifications your organization holds:

Certification	Yes / No		Expiration Date
Women Business Enterprise (WBE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Women Owned Small Business (WOSB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Minority Business Enterprise (MBE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Disadvantaged Business Enterprise (DBE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Small Disadvantaged Business (SDB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Veteran Owned Business (VOB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Veteran Owned Small Business (VOSB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Service-Disabled Veteran Owned Small Business (SDVOSB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Small Business (SB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HubZone Small Business (HUBZ)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8(a) Small Business (8SB)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Signature

Date

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