

# Trade Contractor Prequal Form



All items may be sent to [qualifications@brasfieldgorrie.com](mailto:qualifications@brasfieldgorrie.com)

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

*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):

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

6. Provide current P&P Bond Rate: \_\_\_\_\_

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

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

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

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

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 Business Certifications your organization holds: *(Insert "X" for Yes or No)*

Certification	Yes	No	Expiration Date
Women Business Enterprise (WBE)			
Women Owned Small Business (WOSB)			
Minority Business Enterprise (MBE)			
Disadvantaged Business Enterprise (DBE)			
Small Disadvantaged Business (SDB)			
Veteran Owned Business (VOB)			
Veteran Owned Small Business (VOSB)			
Service-Disabled Veteran Owned Small Business (SDVOSB)			
Small Business (SB)			
HUBZone Small Business (HUBZ)			
8(a) Small Business (8SB)			
Other:			

Signature

Date

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