

Subcontractor Prequalification Statement

Company Name:	
Your Name:	
Title:	
Street Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Email address:	
Annual Work Capacity(\$)	
Largest Project (\$)	
Number of employees	
SBE, MBE, WBE(attach certificates)	
Material, Labor or Both	
Union Affiliations	
Prevailing Wage Preference	
FEIN	
State Sales Tax ID#	

1.0 List the states in which your organization is legally qualified to do business.

2.0 How many years has your organization been actively engaged in business?

3.0 List the address and phone numbers of your branch offices:

4.0 List any union trade agreements you presently have in effect for your company.

5.0 List the construction experience of the principal individuals of your organization.
(Attach resumes)

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6.0 List the trades that cover your company's self-performed Work by each Division

Div	Description	List your trades:
1	General Requirements	
2	Demolition and Abatement	
2 (31)	Earthwork, Foundations & Piles	
2 (32)	Exterior Improvements	
2 (33)	Utilities	
3	Concrete	
4	Masonry	
5	Metals	
6	Wood & Plastics	
7	Thermal & Moisture	
8	Openings (Doors and Windows)	
9	Finishes	
10	Specialties	
11	Equipment	
12	Furnishings	
13	Special Construction	
14	Conveying Systems	
15 (21)	Fire Protection	

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15 (22)	Plumbing	
15 (23)	HVAC	
15 (25)	HVAC controls	
16 (26)	Electrical	
16 (27)	Communications	
16 (28)	Elec. Safety & Security	

7.0 Have you ever failed to complete any work awarded to you? If so, note what, when, where, and why.

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8.0 Have you ever performed work for Viking Construction, Inc. If so, state project names, locations, work performed and Viking project manager.

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9.0 Bank references: **(name, address and phone number)**

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10.0 Name of Insurance Company: **(name, address and phone number of agent, current limits). (Attach ACORD form)**

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11.0 Name of Bonding Company and Bonding Agent: **(provide Letter from Bonding Agent stating single and aggregate capacity).**

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12.0 List the major construction projects that your organization has completed in the last

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five (5) years. Designate the project name, owner's representative, phone #, architect phone #, your status as prime or subcontractor, General Contractor/Construction Manager reference, contract amount, schedule, type of project (**attach separate sheet if necessary**).

- 13.0** If you do not have a bonding program, attach a dated financial statement or balance sheet for your company incl. name of persons and company preparing the statement covering the last 2 fiscal years.

Firm preparing the statement:

Name of Company: _____

Address _____

Name/Title _____

- 14.0** Has your firm ever had financial difficulties that resulted in declaring Chapter 11? Have any vendors ever put liens against your firm or any of your projects' Owners?

- 15.0 The above statements are certified by undersigned Officer/ Principal/ Partner/Owner.**

Dated this day of , 20

Name of Company _____

Title _____

Name of undersigned _____

Signature _____

Print and submit form to Viking Construction, Inc.:
fax to 203-406-2167
OR email to: estimating@vikingconstruction.net