



## TRADE PARTNER PREQUALIFICATION STATEMENT

### BUSINESS INFORMATION

#### SUBMITTED BY

Name \_\_\_\_\_ Date \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Principal Office \_\_\_\_\_  
Primary Scopes of Work \_\_\_\_\_  
Secondary Scopes of Work \_\_\_\_\_  
Division Manager \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Project Manager \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Preconstruction \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Accounting Dept. \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

#### ORGANIZATION

How many years has your organization been in business? \_\_\_\_\_  
How many years has your organization been in business under its present business name? \_\_\_\_\_  
Please list all Landlord or Buildings that your organization is listed as a required/preferred vendor.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Total number of employees \_\_\_\_\_ Office/Administrative \_\_\_\_\_ Field Supervisors \_\_\_\_\_ Field Labor \_\_\_\_\_  
Please list typical contract size of projects completed. \_\_\_\_\_  
Please list average job size of projects where you have been most successful delivering quality and on schedule. \_\_\_\_\_  
Please state distance from center city Charlotte where you would consider completing projects. \_\_\_\_\_

#### LICENSING & CERTIFICATIONS

Provide licensing information for the following states.

North Carolina Contractors License# \_\_\_\_\_  
South Carolina Contractors License# \_\_\_\_\_

Is your organization currently certified as a HUB (Historically Under-Utilized Business), Veteran Owned, or MWSBE?

YES  NO  If yes, select applicable certification MBE  WBE  SBE  VO  HUB  DVBE

Please attach supporting documentation.

Are members of your organization CEWA certified? YES  NO



**EXPERIENCE**

Has your organization ever failed to complete an awarded scope of work? YES  NO

If so, provide a written statement of explanation.

Are there any judgements, claims, arbitrations proceedings or suits pending or outstanding against your organization? YES  NO

If so, provide a written statement of explanation.

Does your organization subcontract work to others? YES  NO

Does your organization have a service department? YES  NO

Do you have 24hr. coverage? YES  NO

Does your organization have experience with LEED projects? YES  NO

**Provide major construction projects your organization has in progress.**

1. Project \_\_\_\_\_ Anticipated Date of Completion \_\_\_\_\_

Client \_\_\_\_\_

Architect \_\_\_\_\_

Percentage of work performed with your own forces. \_\_\_\_\_

2. Project \_\_\_\_\_ Anticipated Date of Completion \_\_\_\_\_

Client \_\_\_\_\_

Architect \_\_\_\_\_

Percentage of work performed with your own forces. \_\_\_\_\_

3. Project \_\_\_\_\_ Anticipated Date of Completion \_\_\_\_\_

Client \_\_\_\_\_

Architect \_\_\_\_\_

Percentage of work performed with your own forces. \_\_\_\_\_

4. Project \_\_\_\_\_ Anticipated Date of Completion \_\_\_\_\_

Client \_\_\_\_\_

Architect \_\_\_\_\_

Percentage of work performed with your own forces. \_\_\_\_\_

**SAFETY**

Does your organization have a written Environmental Health and Safety Program? YES  NO

If so, please provide a copy.

Identify the person within your organization directly responsible for Safety Program Management.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Has your firm had any OSHA violations within the most recent three (3) years? YES  NO

If yes, please provide a written statement of explanation.

What is your company's Total Incident Case Rate? \_\_\_\_\_ What is your company's EMR? \_\_\_\_\_



**REFERENCES**

Bonding Company \_\_\_\_\_  
Name of Agent \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_

**INSURANCE REQUIREMENTS**

- 1. Workman’s Compensation and Employers Liability Statutory
- 2. Commercial General Liability
  - a. Bodily Injury – Each Person and Occurrence \$1,000,000
  - b. Property Damage – Each Occurrence and Aggregate \$1,000,000
  - c. Combined Single Limit – General Aggregate (per project) \$2,000,000
  - Products Completed \$2,000,000
- 3. Comprehensive Automobile Liability
  - a. Bodily Injury – Each Person and Occurrence \$1,000,000
  - b. Property Damage – Each Occurrence \$1,000,000
- 4. Employer’s Liability
  - a. Each Accident \$500,000
  - b. Bodily Injury – Each Employee \$500,000
  - c. Disease – Each Employee \$500,000
  - d. Policy Limit \$500,000
- 5. Umbrella/Excess Liability
  - a. Each Occurrence \$5,000,000
  - b. Retention \$10,000
  - c. Annual Aggregate \$5,000,000

General Liability \_\_\_\_\_  
Name of Agent \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_



**Please list three professional references.**

1.	Full Name	_____	Relationship	_____
	Company	_____	Phone	_____
	Address	_____		
2.	Full Name	_____	Relationship	_____
	Company	_____	Phone	_____
	Address	_____		
3.	Full Name	_____	Relationship	_____
	Company	_____	Phone	_____
	Address	_____		

**BILLING & PAYMENT INFORMATION/NOTICE OF CONTRACT & LIEN WAIVER REQUIREMENTS**

The below is a standard list of documents that will be required for payment. Additional documentation may be required at the request of the owner.

1. A current Certificate of Insurance must be on file prior to processing application for payment.
2. A signed W-9 must be on file prior to processing application for payment.
3. Invoice period is from the 16<sup>th</sup> of the previous month through the 15<sup>th</sup> of the current month.
4. Invoices are due to McFarland Construction no later than the 15<sup>th</sup> of the current month.
5. Invoice per "Invoice/Pay App Cover Sheet".
6. 10% Retention will be withheld from each progress invoice.
7. Prior to the start of work a current COI naming McFarland Construction and the Owner as additional insured must be on file with McFarland Construction. Fulfillment of this obligation is a condition precedent of any obligation of McFarland to remit any payment to the Trade Partner.
8. Must provide a lien release in the forms attached hereto from the Trade Partner and all lower tier Trade Partners or suppliers to the Trade Partner with each payment request.
9. Must complete all work and pass all inspections prior to submitting a final invoice.
10. Must complete any and all closeout requirements prior to the release of retention.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information on behalf of my organization stated on this prequalification statement or interview may result in disqualification.

Signature \_\_\_\_\_ Date \_\_\_\_\_