



# SUBCONTRACTOR PRE-QUALIFICATION FORM

By submitting this pre-qualification questionnaire, the contractor is providing authorization to Pegasus Construction to contact, investigate and use necessary means to confirm its contents. This may include, but is not necessarily limited to requesting and obtaining information from various Federal, State and other private agencies.

Date \_\_\_\_\_

## CONTACT INFORMATION:

Company Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Owner/Company Officer: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## PROFILE INFORMATION:

Trades Performed: \_\_\_\_\_

Contractor's License Number : \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ (Attach List if Needed)

Corporation State of Incorporation: \_\_\_\_\_  Partnership  Sole Proprietorship  Joint Venture

Type of Work Preferred:  New Construction  Remodel / Expansions Year Company Started: \_\_\_\_\_

Typical \$ Project Size: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Labor Affiliation:  Union  Non-Union

Dollar Range of Contracts within the last year: From: \$ \_\_\_\_\_ To \$ \_\_\_\_\_

Annual Revenue each year for the past 3 years: \_\_\_\_\_

List heavy equipment owned by your organization: \_\_\_\_\_

Total Value of Equipment: \_\_\_\_\_ # of Office Employees: \_\_\_\_\_ # of Field Supervisors: \_\_\_\_\_ # of Tradespeople: \_\_\_\_\_

List (3) Trade References: Company, Address/City/State, Contact Person, Phone and Fax Numbers:

Trade Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Has your organization ever failed to complete any work awarded to it? If Yes, explain:  Yes  No

Are there any judgments, claims, arbitration proceedings or suits threatened, pending or outstanding against your organization or officers? If Yes, explain:  Yes  No

Has your organization been a party to any lawsuits or arbitration proceedings related to construction projects within the last five years? If Yes, explain:  Yes  No

Has your organization or any officer or principal –past or present- ever filed for bankruptcy? If Yes, explain:  Yes  No

List (2) Projects Recently Completed:

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Trades Performed: \_\_\_\_\_ Owner/GC/CM: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Trades Performed: \_\_\_\_\_ Owner/GC/CM: \_\_\_\_\_ Date Completed: \_\_\_\_\_

How many projects does your organization currently have in progress? \_\_\_\_\_ Total Contract Value in Progress: \_\_\_\_\_

**SAFETY INFORMATION:**

Are you compliant with all OSHA and other regulatory safety laws?  Yes  No Experience Modification Rate: \_\_\_\_\_

Do you have a written company safety policy and program and will you provide copies if requested:  Yes  No

Has your company been cited for a "Serious and/or Willful" OSHA violation in the past 3 years? If Yes, explain:  Yes  No

Does your organization have a substance abuse policy?  Yes  No If Yes, check which are included in the policy:

- Pre-Employment
- Cause
- Post Accident / Incident
- Random
- Periodic

Insurance Agent (name, address, phone and fax): \_\_\_\_\_

Bonding Rate: \_\_\_\_\_ Name of Surety: \_\_\_\_\_ Key Contact/Phone: \_\_\_\_\_

*The signatory of this questionnaire guarantees to the truth and accuracy of all statements and answers provided, and will provide updated information as significant changes occur, or as requested by Pegasus Construction, Inc. The signatory understands that failure to fill out this pre-qualification questionnaire completely and provide all required attachments will prevent review and processing, and may disqualify contractor from consideration.*

Print Name of Preparer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Preparer:

**Email completed form to [contact@azpci.com](mailto:contact@azpci.com)**

# GENERAL CONTACT INFORMATION

**Owner:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Accounting:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Construction Manager:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Project Manager:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Estimator:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Foreman:**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email completed form to [contact@azpci.com](mailto:contact@azpci.com)**