

**Prequalification Form**

<b>GENERAL COMPANY INFORMATION</b>			
Company: _____		Date: _____	
Address: _____		City: _____	State: _____ Zip: _____
Telephone: _____	Fax: _____	<u>Duns No:</u> _____	Please Attach W-9 Form: <a href="#">W-9 Form</a>
What other former name has your organization operated under? _____			
Website: _____			
Submitted By: _____		Email: _____	

Please list the main database contact and two principals of your organization:

<b>MAIN CONTACT:</b>	<b>Title:</b>
<b>Phone No:</b>	<b>Email:</b>
Principal Name:	Title:
Phone No:	Email:
Principal Name:	Title:
Phone No:	Email:

Contractors License No:	State:	Class:
Contractors License No:	State:	Class:
Contractors License No:	State:	Class:

Preferred Project Size:	\$10K - \$250K	\$251K - \$500K	\$1M	\$2M	\$5M+
Scope of Work: _____					
Trade(s) <a href="#">NAICS Codes:</a> _____					
<a href="#">CSI Codes:</a> _____					

Preferred areas of work: check boxes

<input type="checkbox"/> Southwestern Oklahoma	<input type="checkbox"/> Arizona	<input type="checkbox"/> Nevada	_____
<input type="checkbox"/> Northern Texas	<input type="checkbox"/> Colorado	<input type="checkbox"/> Texas	_____
<input type="checkbox"/> Central Oklahoma	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Utah	_____

Type of work experience: check boxes

<input type="checkbox"/> Military	<input type="checkbox"/> Hospital	<input type="checkbox"/> Commercial
<input type="checkbox"/> Military - Renovation	<input type="checkbox"/> Hospital - Renovations	<input type="checkbox"/> Schools/Universities

<b>SURETY</b>			
Surety Company: _____			
Contact Name: _____			
Phone Number: _____	Fax: _____	Email: _____	
Bondable:	Yes	No	Aggregate Capacity: _____ Rate: _____
Single Capacity: _____			

If you are attempting to qualify for an anticipated subcontract value in excess of \$250K, submit a letter from your Surety indicating the single project and aggregate amounts for which they will issue a performance and payment bond (CNC is not asking for the bonds at this time).

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Company Name: _____	Date: _____
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**EXPERIENCE**

1. Has your company had experience with a LEED project?	Yes	No	
2. Have you had Litigation in the past 5 years?	Yes	No	<b>IF YES, PLEASE ATTACH DETAILS/UNRESOLVED ISSUES</b>
3. Are there any judgments, claims or suits pending against you?	Yes	No	
4. Ever failed to complete a project?	Yes	No	<b>IF YES, PLEASE ATTACH DETAILS/UNRESOLVED ISSUES</b>
5. List your company's backlog (total work in progress and under contract, but not yet started) as of today and for the next two years:			
Backlog as of today:	0-12 months:	12-24 months:	
6. Project: Largest Contract:	Smallest Contract:	Average:	
<b>7. LIST OR ATTACH THREE CONSTRUCTION REFERENCES - ALSO, PLEASE ATTACH A LIST OF CURRENT AND PAST PROJECTS:</b>			

Name: _____	Email: _____	Telephone: _____	
Project Location: _____	Amount: \$ _____	Yr. Comp: _____	
Name: _____	Email: _____	Telephone: _____	
Project Location: _____	Amount: \$ _____	Yr. Comp: _____	
Name: _____	Email: _____	Telephone: _____	
Project Location: _____	Amount: \$ _____	Yr. Comp: _____	

**BANK REFERENCE**

Bank Name: _____	
Contact Name: _____	Title: _____
Phone Number: _____	Fax: _____ Email: _____

**FINANCIALS**

Please submit the following information: Include copy of your most recent financial statement. Incomplete financial statements will delay the qualification process and may result in your rejection as a SCI qualified subcontractor.

1. If you are attempting to qualify for an anticipated subcontract value up to \$1M, submit CPA reviewed Financial Statements	
Attached reviewed Financial Statement?	Yes No
2. If you are attempting to qualify for an anticipated subcontract value in excess of \$1M, submit CPA audited Financial Statements	
Attached audited Financial Statement?	Yes No

**INSURANCE**

Insurance Company: _____	
Agent Name: _____	
Phone Number: _____	Fax: _____ Email: _____
<p>The ACORD Certificate of Liability form (25-S), which is completed to attest to the scope of your insurance coverage only, summarizes the various policies listed as to the limits and coverage's provided. It does not show restrictions, exclusions or limitations of coverage which may cause a material breach under the subcontract agreement. <b>PLEASE HAVE YOUR INSURANCE REP ATTACH A CERTIFICATE OF LIABILITY FORM</b> indicating exposure for general liability insurance coverage, for any and all operations listing Comanche Nation Construction and Owner/Client as additional insured as respects to ongoing and completed operations hazards (CG 20 11 10 85 edition or equivalent) and Waiver of Subrogation naming Comanche Nation Construction and Owner/Client. Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG 00 01 10 01). All equivalent forms must be attached as evidence of coverage.</p>	

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**VERIFICATION STATEMENT OF BUSINESS SIZE STATUS**

Information provided may be verified against federal, state and local records including Oklahoma's Contractor License Status Check and Central Contractor Registration to determine accuracy. Verification Statement will be required annually.

**PLEASE NOTE: WITH THE EXCEPTION OF HUBZONE, SMALL BUSINESS DESIGNATIONS CAN BE SELF-CERTIFIED.**

(Check all that apply and if applicable, submit copies of your certificates)

- Small Business (SB)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB)
- Small Disadvantaged Business/8(a) (SDB)
- Historically Underutilized Business Zone (HUB Zone) – Must be approved through SBA (Submit copy of SBA Approval)
- Alaska Native Corporation (ANC)/ Indian Tribe-Certified by SBA as a SDB:    Yes    No    Large:    Yes    No
- Ability One (Formerly JWOD) – Must be approved through SBA
- Large Business/Other Than Small Business (LB/OTSB)

I \_\_\_\_\_, a principal Owner/Operator of \_\_\_\_\_,

hereby certify under penalty of perjury that said business qualifies for the Small Business designation/certification listed above and meets the size standard requirements for or Industry Group as defined by the Small Business Administration.

Please verify your size standard by accessing the Table of Size Standards located on the Small Business Administration's web site at:  
<http://www.sba.gov/content/table-small-business-size-standards>

**Prequalification Form**

Company Name:			Date:
<b>SAFETY</b>			
Name of Safety Professional:			
Title:			
Phone Number:	Fax:	Email:	
1. Drug Free Work Policy?      Yes      No			
2. Have had an OSHA citation, fine, or violation in past 5 years?      Yes      No			
<b>IF YES, PLEASE ATTACH DETAILS/UNRESOLVED ISSUES</b>			
3. Does your company have a written safety plan?      Yes      No			
4. Do you have and have you implemented the EM 385-1-1 Safety and Health training requirements for your employees?      Yes      No			
If yes, is it documented?      Yes      No			
5. Do you have on-site personnel trained to perform First Aid and CPR?      Yes      No			
6. Does your competent person have the proper certification cards?      Yes      No			
7. Do you have regular site safety inspections?      Yes      No			
8. Do you subcontract work out to others?      Yes      No			
If yes, do you insure they follow the proper safety requirements?      Yes      No			
7. Provide Experience Modification Rate (EMR) Below: (TO OBTAIN YOUR EMR - PLEASE CONTACT YOUR WORKERS COMP. CARRIER)			
Current EMR:	2016 EMR:	2015 EMR:	2014 EMR:
If an EMR rating is over 1.0, please submit a Pre-Construction Safety Checklist. Email <a href="mailto:tom@comanchenationconstruction.com">tom@comanchenationconstruction.com</a> to obtain this form.			
<p>To order your free copy of <b>EM 385-1-1 Safety and Health Requirements Manual</b> fax your request to:</p> <p><b>USACE PUBLICATIONS (301)394-0084</b></p> <p>Include your name and address and the manual will be mailed directly to you.</p>			

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_