

SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

The contents of this questionnaire will be considered confidential, used solely to determine qualifications, and will not be disclosed to project staff. Please return completed form by email to:

Melynda Hensley
WRL General Contractors, Ltd.
melynda@wrl-gc.com
(903) 894-7768 (Telephone)

1. GENERAL INFORMATION

- 1.1 Name of Business: _____
Street Address: _____
Post Office Address: _____
City, State, Zip Code: _____
- 1.2 Telephone: _____
- 1.3 Person to Contact: _____

2. ORGANIZATION

- 2.1 This firm is a: (_____) Corporation (_____) Partnership
(_____) Sole Proprietor (_____) Limited Liability Company

2.2 Year founded: _____

2.3 Federal Employer Identification Number: _____

2.4 Complete the following for all officers, managers, and/or principals:

Name	Title	Time in Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 2.4 Does your firm qualify as a minority business? (_____) Yes (_____) No
Certification No: _____

3. WORK CLASSIFICATION

3.1 Type(s) of work you are interested in bidding:

3.2 Geographic areas you prefer to work in:

4. WORK EXPERIENCE

4.1 Attach a list of major projects your firm currently has in progress including the project name, location, owner, architect/engineer, general contractor, contract amount, percent complete, scheduled completion date, and contact person.

4.2 Attach a list of major projects your firm has completed in the last three years including the project name, location, owner, architect/engineer, general contractor, contract amount, completion date, and contact person.

5. FINANCIAL INFORMATION

5.1 Attach the most current financial statement (audited, if available) for the entity who will be signing the subcontract.

6. REFERENCES

6.1 Bank Reference:

Bank Name: _____
Bank Address: _____
Telephone: _____
Contact Person: _____

6.2 Bonding Reference:

Bonding Company: _____
Agent Name: _____
Agent Address: _____
Agent Telephone: _____
Agent Contact Person: _____
Bonding Capacity: \$ _____ Per Project
\$ _____ Aggregate
Type of Last Bond: _____
Date of Last Bond: _____ Amount: _____
Bond Rate: _____

6.3 Credit References:

Name: _____
Telephone: _____
Contact Person: _____

Name: _____
Telephone: _____
Contact Person: _____

Name: _____
Telephone: _____
Contact Person: _____

7. CONTRACTOR PROFILE

7.1 Current number of employees: Office _____ Field _____

7.2 Does your firm operate as a Union shop? (_____) Yes (_____) No
Merit shop? (_____) Yes (_____) No

8. SAFETY, HEALTH AND ENVIRONMENTAL

8.1 What is your firm's Workers Compensation Experience Modifier Rate: _____

8.2 Does your firm have a written safety program? (_____) Yes (_____) No

9. INSURANCE

9.1 **SEE ATTACHED SAMPLE FOR REQUIREMENTS**

10. ADDITIONAL INFORMATION

List any additional information that you feel is important regarding your firm's qualifications and expertise:

Pre-qualification Questionnaire completed by:

Name: _____ Title: _____

Date: _____