



SUBCONTRACTOR PRE-QUALIFICATION FORM

Thank you for your interest in IE2 Construction. In order to develop a more complete knowledge of your company and better match you with future opportunities with your capabilities, please complete this form and return it to: estimating@ie2construction.com

Today's Date: _____

Section A - Company Information

1) Company Name _____	2) Year Incorporated _____
3) Website _____	
4) Street Address _____	
5) Mailing Address _____	
6) Phone _____	
7) Fax _____	

Section B - Important Contacts

	Name	Title	Cell Phone	e-mail
1				
2				
3				
4				

Section C - Company Profile

1) Type of Company	Corporation	Partnership	Sole Proprietorship
2) Trade(s) Your Company Bids _____			
3) Type(s) of Projects	Healthcare	TI/Remodel	Higher Education
	Public/Municipal	Religious	Retail
			Primary Education Restaurant
4) Please check all that apply (attached certificate if applicable)			
MBE	WBE	DBE	N/A
			MBE/DBE/WBE Certified by: _____
5) EIN or SS Number _____			
6) List corporate owner, partners, shareholders, or members who own more than 5% of your company's stock:			
	Name	Position	% Owned
A			
B			
C			
D			
E			
F			
G	<i>Attach separate sheet if necessary</i>		
7) How many people does your company presently employ?			
_____	Office	_____	Field Supervisory
_____		_____	Trades people
8) How many people did your company employ during the last three years (on average)?			
_____	Office	_____	Field Supervisory
_____		_____	Trades people
9) Please list any union affiliations			
_____	Local Number	_____	Union Name
_____		_____	Agreement Expiration

Section D - Financial Capabilities

1) Name of Bonding Agency _____	2) Agent Info _____
3) Bonding Capacity Single Job _____	4) Bonding Capacity Aggregate _____
5) Bank Name & Contact _____	
6) Largest contract to date _____	7) Amount of Line of Credit _____
8) Average contract amount _____	
9) Expected current year revenue _____	
10) Please list the prior three (3) years revenue:	
_____ 2012	_____ 2011
_____ 2010	
11) Amount of work currently under contract _____	
12) Amount of that work that is not yet completed _____	
11) Please list all litigations your company has been involved with and dates of settlement	

Section E - Trade References

1) Company Name _____	2) Company Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____
e-mail _____	e-mail _____
Length of business relationship _____	Length of business relationship _____
3) Company Name _____	4) Company Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____
e-mail _____	e-mail _____
Length of business relationship _____	Length of business relationship _____

Section F - General Contractor References

1) Company Name _____	2) Company Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____
e-mail _____	e-mail _____
Length of business relationship _____	Length of business relationship _____
Projects completed (include dates & contract amount)	Projects completed (include dates & contract amount)
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____
5) _____	5) _____

3) Company Name _____	4) Company Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____
e-mail _____	e-mail _____
Length of business relationship _____	Length of business relationship _____
Projects completed (include dates & contract amount)	Projects completed (include dates & contract amount)
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____
5) _____	5) _____

Section G - Credit Authorization

The submitter of this prequalification form warrants and represents the information provided is accurate in all respects. The submitter also authorizes IE2 Construction to contact any of the references given on this form. By signing below you agree to these terms and also agree the authorization given shall be without expiration.

Signature of Officer: _____

Printed Name: _____

Date: _____