

BALFOUR BEATTY CONSTRUCTION
600 Galleria Parkway, Suite 1800
Atlanta, Georgia 30339
Phone: 678-921-6800 Fax: 678-921-6835

SUBCONTRACTOR/SUPPLIER PREQUALIFICATION QUESTIONNAIRE

Instructions: Please provide the following information, completing all blanks. This information and any additional information that you want to provide on supplemental sheets will be utilized by Balfour Beatty.

COMPANY NAME: _____
Street Address: _____
Mailing Address: _____
City / State / Zip: _____
Telephone: _____
Fax: _____

	CONTACT NAME	TITLE	DIRECT PHONE #	E-MAIL ADDRESS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

BONDING:

Surety Company: _____
Federal Register Rating: _____
Agent Company: _____
Agent Contact: _____
Telephone: _____
Fax: _____

Bonding Limits: _____ Value Presently Bonded: _____
Maximum Single Project Bonding Capacity: _____

INSURANCE COMPANY: _____

Agent Company: _____

Agent Contact: _____

Telephone: _____

Fax: _____

Worker's Compensation Experience Modification Rate for the last three (3) years: _____

Have you had any OSHA fines within the last 3 years? YES () NO ()

Have you had any jobsite fatalities within the last 3 years? YES () NO ()

(If you answered YES to either of the above two (2) questions, you **MUST** submit on a separate sheet, the details describing the circumstances surrounding each incident.)

GENERAL:

Years in business under present name: _____

Work specialty: _____

Years performing work specialty: \$ _____

Total value of work now under contract: \$ _____

Value of largest contract completed: \$ _____

Value of work in place last year: \$ _____

Average annual value of work completed (last 3 years): \$ _____

What trades (work) do you perform with your own forces: _____

Percent (%) of work performed by own forces: _____ %

Union affiliations: _____

Local () National ()

Contract expiration dates: _____

Total number of permanent staff presently employed by your firm: _____

Is your firm in compliance with EEO requirements? YES () NO ()

PROJECT PERSONNEL

Does your firm qualify as a MBE/DBE/WBE/HUB? YES () NO ()

If "Yes", explain: _____

Submit names, project experience and business references of personnel who will be directly responsible for project delivery.

Project Manager: _____

Superintendent: _____

TRADE REFERENCES: List three (3) Trade References

	COMPANY	CONTACT	DIRECT PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CONTRACTOR or OWNER REFERENCES: List three (3) Contractor or Owner References

	COMPANY	CONTACT	DIRECT PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK REFERENCES, CREDIT REFERENCES:

	COMPANY	CONTACT	DIRECT PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

GEOGRAPHIC AREA of OPERATION: _____

TYPE of BUSINESS: (Check all that apply)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Material Supplier
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Manufacturer's Rep

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature: _____

Name (print): _____

Firm: _____

Date: _____