



Construction Management Engineering Services, Inc.

Engineers / Contractors / Management Consultants

Subcontractor Prequalification Questionnaire

Instructions: Please provide the following information for our records. This information along with any additional information you wish to provide will be used by CMES, Inc.

WORK CATEGORY TO BID: _____

COMPANY NAME: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

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

GENERAL INFORMATION:

Years in business under present name: _____

Work specialty: _____

Years performing work specialty: _____

Total value of work now under contract: \$ _____

Value of largest contract: \$ _____

Value of contract revenue last year: \$ _____

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

What trades do you perform by own forces: _____

Union Affiliations: _____

National () Local ()

Total number of permanent staff 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 completions:

Project Manager: _____

Superintendent: _____

TRADE/SUPPLIER REFERENCES: (Please list three)

	<u>COMPANY</u>	<u>CONTACT</u>	<u>PHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CONTRACTOR OR OWNER REFERENCES: (Please list three)

	<u>COMPANY</u>	<u>CONTACT</u>	<u>PHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK/CREDIT REFERENCES: (Please list three)

	<u>COMPANY</u>	<u>CONTACT</u>	<u>PHONE NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Geographic Area of Operation: _____

Bondability Prequalification

The following information is required to be eligible for subcontracts from CMES, Inc. Please have your surety company/agent fill out the information below. If you have any questions or concerns, please feel free to contact us at our office. Thank you in advance for your prompt response to this.

Contractor's Address:

Company: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Please identify the Contractor's surety company:

Surety Company Name: _____
Mailing Address: _____
City: _____
State: _____ Zip: _____

Please give the name, address, and telephone number of your current surety agent or underwriting contact.

Agent/Contact Person: _____
Telephone number: _____
Company: _____
Mailing Address: _____
City: _____
State: _____ Zip: _____

Bonding Limits:

Single Job: \$ _____
Aggregate: \$ _____

Have performance or payment claims ever been made to a surety for this Contractor on any project, past or present?

_____ If Yes, describe the claim, including dollar amount, date, the name, address telephone numbers and contact person making the claim. Please include the resolution to the problem.
_____ No.

Claimant: _____
Date: _____
Address: _____
City: _____
State: _____ Zip: _____
Contact Person: _____
Telephone: _____ Fax: _____

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

Signature: _____
Name (Print): _____
Company Name: _____
Date: _____

Please submit this information to CMES, Inc. as soon as possible to qualify for bid opportunities.