



**SECTION 00 45 00**

**Drake General Contractors LLC**

**PRE-QUALIFICATION QUESTIONNAIRE**

Complete and return this form to the Construction Manager on or before the proposal due date if your company has not previously performed work for Drake General Contractors LLC. Submission of this Questionnaire does not obligate Drake or the Owner to solicit or accept a proposal.

**COMPANY INFORMATION**

Legal Company Name: \_\_\_\_\_

DBA, if applicable: \_\_\_\_\_

Trade(s): \_\_\_\_\_

Main Office Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

**PRIMARY CONTACT AND COMPANY IDENTIFIER**

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Texas Sales Tax #: \_\_\_\_\_

State of Organization: \_\_\_\_\_ Year Established: \_\_\_\_\_

**SAFETY INFORMATION**

EMR – 2 years ago: \_\_\_\_\_ EMR – 1 year ago: \_\_\_\_\_

Current EMR: \_\_\_\_\_ OSHA Recordable Incidents (last 3 years): \_\_\_\_\_

Lost Time Incidents (last 3 years): \_\_\_\_\_ Written Safety Program: Yes \_\_\_\_\_ No \_\_\_\_\_

Regular Safety Training: Yes \_\_\_\_\_ No \_\_\_\_\_



Can Provide Training Records: Yes \_\_\_\_\_ No \_\_\_\_\_

**COMPANY EXPERIENCE**

Years Performing this type work: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

No. of Field Employees: \_\_\_\_\_ No. of Office Employees: \_\_\_\_\_

Previously worked for Drake?: Yes \_\_\_\_\_ No \_\_\_\_\_ Self-perform work?: Yes \_\_\_\_\_ No \_\_\_\_\_

Current geographic area(s) of work: \_\_\_\_\_

Description of work self-performed: \_\_\_\_\_

**SIMILAR PROJECTS COMPLETED WITHIN THE LAST (5) YEARS**

No.	Project Name	Location	Year	Contract \$	CM/GC
1					
2					
3					

**REFERENCES**

No.	Company	Person	Relationship	Phone	Email
1					
2					
3					

**FINANCIAL AND BONDING INFORMATION**

Annual Volume – 2 years ago: \_\_\_\_\_ Annual Volume – 1 year ago: \_\_\_\_\_

Annual Volume – This year: \_\_\_\_\_ Largest Contract to date: \_\_\_\_\_

Current work on hand: \_\_\_\_\_ Bonding Company: \_\_\_\_\_

Bonding Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Single Project bond capacity: \_\_\_\_\_ Aggregate bond capacity: \_\_\_\_\_



**LITIGATION / CLAIMS / DEFAULT**

Has your company, any owner, or any principal of your company been involved in construction-related litigation, arbitration, or mediation within the last five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation (if yes): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company ever failed to complete a contract, been terminated for default, or had a performance bond claim made against it? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation (if yes): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company filed for bankruptcy or been subject to receivership within the last seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation (if yes): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE**

Insurance Carrier: \_\_\_\_\_ Agent/Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Can provide required insurance, additional insured endorsements, and waiver of subrogation if required? Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION**

The undersigned certifies that the information contained in this Pre-Qualification Questionnaire is true, complete and accurate to the best of his or her knowledge and is submitted for the purpose of inducing the Construction Manager to consider the undersigned for qualification to propose on the Project.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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