



SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your company's qualifications and will not be disclosed to the project staff. Please direct all questions and final form submissions to:

Jorgenson Construction
9255 East River Road NW
Minneapolis, MN 55433-5722
P: 763-784-3877 | F: 763-784-1583

GENERAL INFORMATION. *Please provide the following information:*

Name of Business: _____
Street Address: _____
Post Office Address: _____
City, State, Zip Code: _____
Telephone Number _____ Fax Number: _____
Person to Contact: _____

ORGANIZATION. Please indicate your firm's legal structure:

This firm is a: () C Corporation () S Corporation () Partnership () Sole Proprietor () Limited Liability Company

Federal Employer Identification Number: _____

Names, Titles and ages and length in position of Officers, Managers, or Principals:

Name Title Age Time in Position

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your firm a qualified minority business? _____ Certification No.: _____

WORK CLASSIFICATION

Please list the type(s) of work you are interested in bidding:

Please list the geographic areas you prefer to work in:

WORK EXPERIENCE

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

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

FINANCIAL INFORMATION

Please attach your firm's most current financial statements (audited, if available), for the entity that will be signing the subcontract.

REFERENCES

Bank Reference

Name
Contact Person
Telephone

Bonding Reference

Bonding Company:
Bonding Agent:
Name
Address
Phone #
Bonding Capacity: \$ _____ Per Project
\$ _____ Aggregate
Date, amount, and type of last bond issued:
Bond Rate:

Credit References

Name
Contact Person
Telephone

CONTRACTOR PROFILE

Current Number of workers:
Office _____ Field _____

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

SAFETY, HEALTH AND ENVIRONMENTAL

Please list your firm’s Workers Compensation Interstate Experience Modification Rate.

Does your company have a written safety program? () Yes () No

INSURANCE

Attach the certificate provided by your insurance carrier.

ADDITIONAL INFORMATION

Please list any additional information that you feel will help us determine your firm’s qualifications and expertise:

This Pre-qualification Questionnaire was completed by:

Name: _____ **Title:** _____

Signature: _____

Date: _____