



Prequalification Statement

Please complete the form below and email (form and all attachments) to rziegler@forino.com or fax to 610-670-2608. **If all information is not provided and all attachments are not submitted – this will significantly delay the approval process, or your prequalification could be rejected.** Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested.

Company's Legal Name: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____ **Fax Number:** _____

Contact Person: _____ **Title:** _____

Email Address: _____ **Website:** _____

Federal Tax Id: _____ **State Tax ID:** _____

Total Number of Employees: _____ **% of Work comes via Subcontract** _____

List Trades Your Perform with your own forces	
1)	4)
2)	5)
3)	6)

Contractors Licenses States and Numbers	
State:	License No.:



Surety Information	
Current Surety Company:	
Broker Agent's Name:	Phone No.:
Single Project Bonding Capacity:	
Aggregate Bonding Capacity:	

Safety Goals and Objectives
Do you have safety Goals and Objectives?
Do you have a Safety Program?
Do you hold regular Safety meetings?
Do you promote a drug free work environment?

Litigation information
Any active litigation with Owners / General contractors?
If yes, Please explain
<i>In the last five years has your company been involved in the following:</i>
Any judgments against you?
If yes, Please explain
Has your company been accessed liquidating damages?
If yes, Please explain
Any labor law violations?
If yes, Please explain



Litigation information - Continued
Have you ever defaulted or failed to complete a project?
If yes, Please explain
Have you ever been terminated from a contract?
If yes, Please explain
Have you ever had your license revoked or suspended?
If yes, Please explain

Significant Project History
Please attach a list of 5 significant projects within the last 3 years to include volume, scope of work and contract amount. (Attach a separate sheet)

Insurance Information
Insurance Broker Name:
Please attached a certificate of insurance.



Credit References		
Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:



Customer References		
Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Person Authorized to sign on behalf of the Organization		
Name:		
Title:		
Signature:		Date:

