# Approval: \_\_\_\_\_\_\_\_

Date:­\_\_\_\_\_\_\_\_

# Centerre Construction, Inc

## TRADE CONTRACTOR'S PREQUALIFICATION STATEMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submitted To:** |  |  | **Submitted By:** |  |

|  |  |  |
| --- | --- | --- |
| **Centerre Construction, Inc**  4100 E Mississippi Ave, Suite 1225  Denver, CO 80246  P: (303) 220-9400, F: (303) 220-9893  Contact: Dave Hritz  Email: dhritz@centerre.com | Firm: |  |
|  | Address: |  |
|  | City: |  |
|  | State/Zip: |  |
|  | Phone: |  |
|  | Fax: |  |
|  | Date: |  |
|  | **Main Pre-construction Contact Person** | |
|  | Name |  |
|  | Title |  |
|  | Phone |  |
|  | Fax |  |
|  | Cell |  |
|  | E-mail |  |

Scope of Work:

Type of Firm: Corporation  Partnership  Individual  Other

Parent Company: Same  Name:

Years in business as Contractor under present firm name:       License Number:

States in which your company does business:

Provide information which would indicate the size and capacity of your organization, including the number of permanent employees engaged in (do not count the same employee twice):

|  |  |  |
| --- | --- | --- |
| Estimating: | Field Supervision: | Accounting: |
| Clerical: | Management: |  |

Is your organization a registered MBE/WBE contractor? Yes No

Is your organization currently registered with Dun & Bradstreet? Yes No

If yes, what is your D & B #?

What is your organization's current worker's compensation modification rate?

Has your firm ever failed to complete a contract? Yes No

Has your firm had any subcontractors fail to complete a contract in last five years? Yes No

Are there any judgments, claims or suits pending or outstanding against your firm? Yes No

Has your firm been a party to any lawsuits or requested arbitration with regard to

construction projects in the last five years? Yes No

(If answer to any of the above questions is yes, please provide explanation.)

Please list four different general contractors and owners for whom you have performed similar scopes of work regarding **similar facilities**.

|  |  |  |  |
| --- | --- | --- | --- |
| A. |  | B. |  |
|  | *(Project)* |  | *(Project)* |
|  |  |  |  |
|  | *(Owner's Representative & Phone Number)* |  | *(Owner's Representative & Phone Number)* |
|  |  |  |  |
|  | *(General Contractor)* |  | *(General Contractor)* |
|  |  |  |  |
|  | *(Contact, Phone Number)* |  | *(Contact, Phone Number)* |
|  | $ |  | $ |
|  | *(Approximate Value)* |  | *(Approximate Value)* |
|  |  |  |  |
| C. |  | D. |  |
|  | *(Project)* |  | *(Project)* |
|  |  |  |  |
|  | *(Owner's Representative & Phone Number)* |  | *(Owner's Representative & Phone Number)* |
|  |  |  |  |
|  | *(General Contractor)* |  | *(General Contractor)* |
|  |  |  |  |
|  | *(Contact, Phone Number)* |  | *(Contact, Phone Number)* |
|  | $ |  | $ |
|  | *(Approximate Value)* |  | *(Approximate Value)* |

**Five Largest Projects Completed in Last Five Years:**

Project General Contractor & Phone Number Contract Amount

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| Average annual billing for last five years: | | | $ |  |
| Last year's billing: | | | $ |  |

**Major Projects Under Contract:**

% Completion

Project Complete Date Contractor Contract Amount

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | $ |  |
|  |  |  |  |  |  |  | $ |  |
|  |  |  |  |  |  |  | $ |  |
|  |  |  |  |  |  |  | $ |  |
|  |  |  |  |  |  |  | $ |  |
| Total projects under contract: (including those not listed above) | | | | | | | $ |  |
| Percent negotiated projects under contract: | | | | | | |  |  |

Current Projects for which Your Firm is a Candidate for Contract Award (indicate size and schedule):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

What is your bond rate for this project (as a percentage)?

Please list the names of your bonding agent and surety.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Bonding Agent)* |  | *(Surety)* |
|  |  |  |
| *(Street Address))* |  | *(Street Address)* |
|  |  |  |
| *(City, State, Zip)* |  | *(City, State, Zip)* |

THE ANSWERS TO THE FOREGOING QUESTIONS AND ALL STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *(Firm)* |  | *(Signature)* |
|  |  |  |
| *(By)* |  | *(Date)* |
|  |  |  |
| *(Title)* |  | *(Attest)* |

\* Centerre Construction, Inc reserves the right to request Audited Financials which is defined as a Balance Sheet, an Income Statement, an Auditor's Report, and Footnotes.