



**SUBCONTRACTOR PREQUALIFICATION
BACKGROUND DATA**

Return this form & supporting documentation to:

MJ Hughes Construction
1717 NW Eleven Mile Ave.
Gresham, OR 97030
info@mjhughes.com

Company Information

Company Name (DBA) _____
Legal Company Name _____
Corporate/Main Office Address Line 1 _____
Address Line 2 _____
City _____
State _____
Zip _____
Country _____
County _____
Company Type _____
Website _____
Year Established _____
Duns & Bradstreet No. _____
Federal Tax ID No. _____
Number of Employees _____
Fax Number _____
Has ownership changed in the last 3 years? _____
If yes, please explain _____
Percentage of self-performed work _____
(based on annual revenue)

Contacts

Principle Contact Name	Title	Phone #	E-Mail

Parent/Affiliate Information

Parent/Affiliate Company Name(s)	Describe Relationship

Union Affiliation

Union Affiliated? _____
 If yes, list name(s) of union(s) _____

Licenses

Issuing Authority	Class	License #	Expiration Date

CSI/Geographical Range

Primary Trades/Scopes/CSI Spec Sections
 Typically Performed _____
 Service States _____
 Geographic Regions where you perform _____
 work _____
(choose from: Northern California, Southern California, Pacific Northwest, Colorado, Texas, Utah, and Hawaii)

References

Trade/Supplier

1	Company	Contact/Title	Phone	Fax	E-Mail
2					
3					
4					

General Contractor

1	Company/ Contact	Contact/Title	Phone	Fax	E-Mail
2					
3					
4					
5					
6					

Insurance Information

****Please attach a copy of your insurance certificate for any current project on which you are performing your typical scope of work.****

Insurance Carrier(s) for GL and Excess Liability Coverage _____
 Contact(s) _____
 Title/Position _____
 Phone No. _____
 Fax No. _____
 E-Mail _____
 Limits of GL Insurance – each occurrence _____
 aggregate _____
 Limit of Excess Liability Insurance – each occurrence _____
 aggregate _____

Bonding

****Please attach a letter of bond ability from your bonding agent or bonding agent or bonding company, to serve as a written record confirming your bond ability & the bonding information you have provided.****

Bondable? _____
 Bonding Company _____
 Agent Name/Phone _____
 Bonding Rate _____
 Single Project Limit _____
 Aggregate Limit _____
 Available Capacity _____

Litigation

Has your company ever defaulted, failed to complete or been terminated on a contract? _____
 If yes, explain _____
 Has your company ever gone through a bankruptcy or reorganization? _____
 If yes, explain _____

Safety

Does your company have a written drug test program? _____
 Does your company have a written safety program? _____

Of Serious OSHA Violations

2012	2011	2010

Of General OSHA Violations

2012	2011	2010

Minority Certifications

****Please attach a copy of your minority/disadvantaged status certificates. ****

Certification Type MBE/WBE & etc.	Certifying Agency	Certification #	Expiration Date

Attachments:

(Check all that apply)

- Sample of Insurance Certificate
- Letter of Bond ability
- Minority/Disadvantaged Status Certifications

Submitted By:

Name

Date

Title



**SUBCONTRACTOR PREQUALIFICATION
FINANCIAL DATA**

(for informational use only)

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info@mjhughes.com

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 State _____
 Zip _____
 Country _____
 County _____
 Company Type _____
 Website _____
 Year Established _____
 Duns & Bradstreet No. _____
 Federal Tax ID No. _____
 Number of Employees _____
 Fax Number _____

Contacts

Principle Contact Name	Title	Phone #	E-Mail

Parent/Affiliate Information

Parent/Affiliate Company Name(s)	Describe Relationship

Credit

Total amount of your line of credit _____
 Unused portion of line(s) of credit _____
 Lender's name/address _____
 Lending officer's name/phone # _____
 Line of credit expiration date _____

Financial Statements

CPA Firm that prepared your financial statements _____
 CPA Firm telephone # _____
 Month of fiscal year end _____
 Annual revenue 2012 _____
 Annual revenue 2011 _____
 Annual revenue 2010 _____

Large Contracts

Largest single contract value 2012 _____
 Name GC for contract _____
 Largest single contract value for 2011 _____
 Name GC for contract _____
 Largest single contract value for 2010 _____
 Name GC for contract _____

Safety

This relates to your Worker's Compensation insurance & you can acquire this information from your insurance provider

EMR (Experience Modification Rate)

2012	2011	2010

Attachments:

(Please attach your company's most recent income statement & balance sheet, prepared/certified by an external CPA firm)

Financial Statements

Submitted By:

Name

Date

Title