



CLANCY & THEYS CONSTRUCTION CO. - SUB-CONTRACTOR PRE-QUALIFICATION FORM

Please complete the following and return to:

Company: Clancy & Theys Construction Company
Address: 7730 England Street; Charlotte, NC 28273
Contact: John Homa
Telephone: 704-357-6602
Fax: 704-357-3610
Email: Johnhoma@clancytheys.com

Subcontractor Name:
Physical Address, City, St, Zip:
Contact:
Telephone:
Fax:
E-mail Address:
Number of years in business under present business name:

Requesting pre-qualification for the following scopes of work:

- 1.
- 2.
- 3.
- 4.

MINORITY BUSINESS INFORMATION:

Please check any of the following that apply to your organization and attach documentation from the entity that has certified you as such:

- | | |
|---|---|
| <input type="checkbox"/> African American Owned | <input type="checkbox"/> White Female Owned |
| <input type="checkbox"/> Native American Owned | <input type="checkbox"/> Socially & Economically Disadvantaged Business |
| <input type="checkbox"/> Asian American Owned | <input type="checkbox"/> Small Business Enterprise |
| <input type="checkbox"/> Hispanic Owned | <input type="checkbox"/> None Apply |

BONDING INFORMATION:

Bond Company Best Rating of "A" or better:

YES NO

Present Bonding Capacity – Aggregate:

\$ _____

Current Amount Available – Aggregate:

\$ _____

Bonding Capacity – Per-Project Limit:

\$ _____

COMPANY CAPACITY INFORMATION:

Value of work in place last year:

\$ _____

Value of largest contract completed:

\$ _____

List the Minimum job value in which you prefer to perform work:

\$ _____

List the Maximum job value in which you prefer to perform work:

\$ _____

Percent (%) of work performed by own forces:

_____ %

Total number of permanent staff presently employed by your firm:

Do you have a D&B number?

YES NO

If yes, enter your D&B number: _____

Please attach a list of your firm's current/upcoming projects, including the following information: Project, Location, General Contractor/Owner, Scope of Work, Contract Amount, Percentage Complete, and Anticipated Start and Completion Date(s). **Three references must still be listed below.**

EXPERIENCE INFORMATION (Completed Projects):

List three (3) project references for projects of similar size showing your experience in scope for all bid packages you checked on page 1.

A. Name of Project:

Contract Amount:

Scope of Work:

General Contractor/Owner:

Contact Name:

Phone:

Email Address:

B. Name of Project:

Contract Amount:

Scope of Work:

General Contractor/Owner:

Contact Name:

Phone:

Email Address:

C. Name of Project:

Contract Amount:

Scope of Work:

General Contractor/Owner:

Contact Name:

Phone:

Email Address:

Additional Reference Information:

List three (3) vendor or financing credit references

A. Company Name:

Contact Name:

Address:

Phone:

B. Company Name:

Contact Name:

Address:

Phone:

C. Company Name:

Contact Name:

Address:

Phone:

ENVIRONMENTAL, HEALTH, AND SAFETY INFORMATION:

List your firms Worker's Compensation Insurance Interstate/Intrastate Experience Modification Rate (EMR) for the past 4 years indicated. 2014:_____ 2015:_____ 2016:_____ 2017:_____ Average _____

NOTE: If EMR Average for the last four (4) years is over 1.0, submit an OSHA 200 Log for each year with response.

Does your firm have a(n)...

- written safety and environment program? YES NO
- written substance abuse program/policy? YES NO
- instruction program for New Hires and/or Foreman? YES NO

Have you had any OSHA Fines within the last 3 years? YES NO

Have you had any job related fatalities within the last 3 years? YES NO

(If you answered YES to either of the above two (2) questions, submit on a separate sheet, the details describing the circumstances surrounding each incident.)

INSURANCE INFORMATION:

Insurance Company:

Agent Company:

Telephone:

Fax:

BID SOLICITATION CONTACT:

Name:

Email:

Telephone:

Mobile:

Please attach copy of insurance certificate.