



10440 Balls Ford Road  
 Suite 100  
 Manassas, VA 20109  
 703 334-2100  
 703 334-2101 Fax  
 www.rwmurray.com

# R.W. MURRAY CO.

*A Tradition of Quality*

## Subcontractor Pre-qualification Application

Company Name:	Date:		
Office Address (city/state/zip):			
Phone #:	Fax #:	E-mail Address:	Website:
Scope of work:		CSI Number(s):	
Average Subcontract size:			

<b>Structure of Company:</b>	
<b>Corporation:</b>	<b>Individual:</b> <b>L.L.C.</b>
Date of Incorporation or establishment:	<b>Partnership:</b> <b>General or Limited</b>
State of Incorporation or establishment:	<b>Joint Venture:</b>
President's Name:	List states/areas authorized to do work:
Vice President's Name:	
Secretary's Name:	
Treasurer's Name:	
D&B Rating:	Names and addresses of Principals:
Financial & Bonding Capacity: \$	
# of office employees:	
# of field employees:	
License #:	

Certified MBE Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Certified WBE Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No Certified by:	Work in Progress: Amount of work under contract: \$ _____ Amount of incomplete work: \$ _____
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*Contractor hereby authorizes its primary bank relationship officer to release general information requested as part of its due diligence Financial & Safety Review process.*

**Signature:** \_\_\_\_\_



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Name of Contractor's Primary Contact:  Phone #:	Contractor's Primary Bank:  Bank Account #:
Contractor Parent Company (name/address):	Bank Relationship Officer's Name:  Phone #:
Attach last three (3) Annual Financial Statements.  Financial statement provided? <input type="checkbox"/> Yes <input type="checkbox"/> No  Average dollar value for the last three (3) years: \$ _____  Maximum dollar value capable of handling: \$ _____  Value of Annual Revenue: \$ _____	Can Contractor bond this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name of Bonding Agency: Relationship Officer: Phone #: _____ Fax #: _____ Best Rating: Bonding capacity: <input type="checkbox"/> single job <input type="checkbox"/> aggregate  Surety's Maximum Federal Register Bond Limit:  Attach insurance certificate.
Authorization to get credit reports: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Has Contractor ever done business under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, provide name(s):	Insurance Agency Contact/phone/carrier ( <i>general liability, workers comp., etc.</i> )  Name:  Contact:  Phone #: _____ Fax #: _____
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<b>Contractor Safety Information:</b>	
Do you have a written Safety Program ( <i>including Hazard Communications</i> )? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, briefly describe scope:	
Who enforces it?	
What is your EMR ( <i>experience modification rate</i> ) for the last 3 years?	
What is your frequency rate ( <i>lost-time injuries per 200,000 man-hours</i> ) for the last 3 years?	



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Any employee deaths in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
Any willful OSHA citations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
Any safety inspections in-house or by insurance company in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If in-house, by whom and how often?
Do you have a drug testing program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
What type of safety training is given to your employees?
Do you have a Company Safety Director or other Safety Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:                      Phone:

Has your organization ever failed to complete any work awarded to you in the last five (5) years? If yes, please attach a brief explanation.

Any litigation? If yes, explain.

Any outstanding judgment, claims, arbitration? If yes, explain.

Please attach a list of major construction projects your organization has recently completed and has currently in progress. (Include the following information: name of project, owner, location, contract value, description of work being performed, architect, general contractor, general contractor contact and phone #, completion or anticipated completion dates).



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<b>References:</b>	
Please list three trade references with whom you have worked in the last year:	
<i>Name with complete address</i>	<i>Contact &amp; phone #</i>
1.	
2.	
3.	

Please list three general contractors with whom you have worked in the last year:	
<i>Name with complete address</i>	<i>Contact &amp; phone #</i>
1.	
2.	
3.	

<b>Projects Prior or Current Projects for this firm:</b> <i>Copy this form if you are referencing more than one project</i>
Name of Project(s):
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.



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Trade Associations Memberships:	List national/local accredited training programs in which you participate (i.e., craft, management training):
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

List Achievement Awards:
1.
2.
3.
4.
5.

This qualification form with attachments may determine the award of work to your firm.

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Signature of Officer

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Firm Name

***Please return form to:***

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