

**MONMOUTH UNIVERSITY
CAMPUS PLANNING & CONSTRUCTION
Cedar Avenue
West Long Branch, New Jersey 07764-1898**

CONTRACTOR PREQUALIFICATION FORM

DATE: _____
FIRM NAME: _____
TYPE: Corporation: _____ Partnership: _____ Sole Owner: _____
ADDRESS: _____
PHONE NO.: _____ FAX: _____
NAMES OF PRINCIPALS/PARTNERS: _____
CONTACT NAME: _____

Please provide the following information in the spaces below. If any question does not apply to your firm please explain why.

1. CSI trade codes qualified to conduct business: _____
2. State and year business founded: _____
3. Preferred Minimum and Maximum job cost range: _____
4.

<u>Name of Bonding Company</u>	<u>Capacity</u>	<u>Current Amount Available</u>
5. Is your firm Union or Non-Union? _____
If Non-Union, are your employees paid prevailing wages? _____
If Union, will you bid prevailing wage projects? _____
6. List CGL/EL insurance limits: _____
7. List Business volume:
Current year: _____ 20____: _____ 20____: _____ 20____
8. List the states your firm is certified/licensed to perform business with:

9. Indicate if your business qualifies as a Minority, Women or Small Business Enterprise:

10. Has your firm ever failed to complete a construction contract? Yes _____ No _____
If yes, explain briefly on a separate page.

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11. Does your firm presently have any current or pending litigation or arbitration with past or present clients or subcontractors? Yes ____ No ____
If yes, explain briefly on a separate page.
12. Has your firm ever been affiliated with another firm, company, corporation or entity?
Yes ____ No ____
If yes, list all of the firm's and the type of affiliation with your firm on a separate sheet of paper.
- Did any of the above companies (listed in item 12) transfer assets directly or indirectly into your current organization?
Yes ____ No ____
13. Has your firm ever operated under a different name? Yes ____ No ____
If yes provide names of firms, companies, corporations or other entity on a separate sheet of paper.
14. Briefly describe your firm's scheduling practices and capabilities: _____

List software utilized: _____
15. Describe your firms computer aided drafting practices and capabilities. _____

List Software utilized: _____
16. Describe your firms safety procedures and practices. Attach a copy of company safety program.

17. Indicate your firm's Worker's Compensation modification factors for the previous three (3) years:
20__ : _____ 20__ : _____ 20__ : _____

On a separate sheet, please provide:

- a. Listing of previous projects worked with Monmouth University
- b. Listing of both current and projects completed in the past two years including Owner, Architect and contract value.
- c. References - Including financial, clients, architects, and subcontractors/suppliers
- d. Key construction personnel and a brief description of qualifications
- e. Any other information you wish to provide