



Daniels & Daniels Construction Co., Inc
 P.O. Box 10337
 Goldsboro, NC 27532
 919-778-4525

Subcontractor / Vendor Pre-Qualification Form

Specific Information:

Legal Company Name: _____
 Trade License # (as applicable): _____ Federal Tax: _____
 Physical Address: _____
 Billing Address: _____
 Up to what size single project do you want to be pre-qualified for? _____
 Years in business under this name: _____
 Phone Number: () _____ Fax Number: () _____
 Estimating Contact: _____ Phone No. _____
 E-mail Address: _____
 Project Mgr Contact: _____ Phone No. _____
 E-mail Address: _____
 Web Site Address: _____
 Company Type: Corporation Partnership LLC Joint Venture Sole Proprietor
 Types of Projects: Commercial Industrial Institutional Retail Healthcare Residential
 (Circle all that apply)

MANAGEMENT AND KEY EMPLOYEES:

Name	Age	% Ownership	Position/Duties	Years Exp in This Business

Are owners personally active in business? _____ How many years in business under present ownership? _____
 Years performing work specialty: _____
 Current Cost to Complete Backlog: \$ _____
 Annual Revenue Last Year: \$ _____

BONDING: Daniels & Daniels requires bonding on any sub-contracts in excess of \$100,000.00

Can your Company Provide Payment and Performance Bonds? Yes No
 Surety Company: _____
 Agent Company: _____
 Agent Contact: _____ Phone: () _____
 Your Bonding Capacity: Single \$ _____ Aggregate \$ _____
 *Include a letter from your surety outlining your bonding capacity in a format similar to the attached.

INSURANCE:

Insurance Company: _____
 Agent Company: _____
 Agent Contact: _____ Phone: () _____
 Limits: _____

*Attach sample certificate of insurance evidencing all lines of insurance currently in place.



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Subcontractor Name: _____

List / Circle the CSI Codes that your Company Specializes in:

- | | | | |
|---|--|-----------------------------------|---|
| .01-6520 Engineering & Testing | .05-8100 Expansion Joint Covers | .09-2310 Synthetic Stucco - EIFS | .12-0200 Window Treatment |
| .01-7020 Surveying | .05-9000 Architectural Metals and Trim | .09-3100 Hard Tile | .12-9999 Furnishings - Misc |
| .01-7030 Clean-Up - Final Clean-up | .06-0100 Rough Carpentry - Mat'ls | .09-4100 Terrazzo | .13-0010 Special Const Subcontracts |
| .01-7030 Clean-up Daily | .06-0100 Rough Carpentry - Labor | .09-5050 Acoustical Treatments | .13-0070 X-Ray Equipment |
| .02-0010 Termite Pretreatment | .06-0500 Fasteners/Nails/Anchors | .09-5100 Acoustical Ceiling Tile | .13-0120 Pre-Engineered Metal Bldgs |
| .02-0720 Demolition | .06-1930 Trusses | .09-5600 Wood Flooring | .13-0120 Pre-Engl Metal Bldgs Erection |
| .02-0760 ACM Abatement | .06-4100 Millwork & Cabinets | .09-6600 Resilient Flooring | .13-1500 Swimming Pools |
| .02-0800 Clearing & Grubbing | .06-4500 Interior Trim -Materials | .09-6830 Carpet | .13-1600 Aquariumns |
| .02-1010 Sitework Excavating & Grading | .06-4500 Interior Trim - Labor | .09-7000 Athletic Flooring | .14-0100 Elevators |
| .02-1100 Erosion Control | .06-4560 Exterior Trim - Materials | .09-9300 Paint / Wallcovering | .14-0600 Hoist & Cranes |
| .02-5110 Utilities Water/Sanitary Sewer | .06-4560 Exterior Trim - Labor | .09-9850 Corner Guards | .14-1000 Conveying Sys Sub |
| .02-5500 Utilities Sanitary Sewer | .06-4565 Vinyl Siding & Trim | .10-0100 Specialties Subcontracts | .15-0300 Sprinkler System |
| .02-6100 Asphalt Paving | .07-0100 Roofing & Sheetmetal | .10-0160 Toilet Partitions | .15-0400 Plumbing |
| .02-6100 Paint Stripe/Signage | .07-1400 Waterproofing | .10-0290 Pest Control | .15-0500 HVAC |
| .02-6200 Curb and Gutter | .07-2160 Insulation | .10-0350 Flagpoles | .16-0010 Electrical |
| .02-6500 Conc Sidewalks | .07-2500 Fireproofing | .10-0410 Marker/Tack/Display | .16-3000 High Voltage & Sv Distribution |
| .02-8310 Fence | .07-3100 Shingles | .10-0430 Signage | .16-7000 Communications |
| .02-8610 Playground Equipment | .07-6200 Sheetmetal Flashing | .10-0500 Lockers | .16-8000 Sound & Video |
| .02-9000 Landscape | .07-6240 Sheetmetal Gutters & Downspouts | .10-0520 Fire Extinguishers | .16-8100 Fire Alarm System |
| .02-9100 Irrigation | .07-9100 Caulking & Sealants | .10-0560 Mail Boxes | .16-9000 Security |
| .03-0100 Concrete Subcontractors | .08-1000 Alum Windows & Storefronts | .10-0800 Toilet Access. | |
| .03-2190 Concrete Reinforcement/Rebar | .08-1100 Doors, Frames, and Hdw | .10-1000 Louvers & Vents | Other: (List) |
| .03-3400 Concrete Precast | .08-3300 Coiling Doors | .11-0100 Equipment Subcontracts | _____ |
| .03-9530 Concrete Floor Leveling | .08-3610 Overhead Doors | .11-0160 Dock Equipment | _____ |
| .04-0020 Masonry Subcontractor | .08-6000 Skylights | .11-0400 Commerical Food Equip | _____ |
| .04-4180 Special Masonry | .08-6100 Clad Windows | .11-0430 Appliances | _____ |
| .05-1000 Structural Steel Mat'l | .08-9200 Alum Curtianwall | .11-0490 Gym Equipment | _____ |
| .05-1000 Structural Steel Erection | .09-0020 Mtl Studs, Insul, Drywall Subcontractor | .11-0700 Medical Equipment | _____ |
| .05-1000 Unload Structural Steel | .09-1000 Gypsum Wall Board | .12-0100 Furnishing Subcontracts | _____ |
| .05-7000 Ornamental Fencing & Railing | .09-2000 Plaster | .12-0100 Shelving | _____ |

Does your company offer Turnkey pricing? Yes No
If no, explain: _____

LIST THREE MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE YEARS

Project 1:

Project: _____
Location: _____
Architect, GC,
CM or Owner: _____
Contact: _____ Phone: (____) _____
Contract Amount: \$ _____ Completion Date: _____

Project 2:

Project: _____
Location: _____
Architect, GC,
CM or Owner: _____
Contact: _____ Phone: (____) _____
Contract Amount: \$ _____ Completion Date: _____



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Subcontractor Name _____

Project 3:

Project: _____
 Location: _____
 Architect, GC,
 CM or Owner: _____
 Contact: _____ Phone: (____) _____
 Contract Amount: \$ _____ Completion Date: _____

Dunn & Bradstreet Number: _____

What is your largest project completed to date?

Name: _____ Dollar Amt: _____

What is your largest project currently underway?

Name: _____ Dollar Amt: _____

What is the smallest project currently underway?

Name: _____ Dollar Amt: _____

What was your contract volume for the past three years? _____

Has your company filed for bankruptcy during the past five years? Yes No

Is there any claim, judgment, litigation or arbitration pending against your company? Yes No

(If Yes, explain)

Does your company have a written Quality Control Manual or Quality Control Plan? Yes No

SAFETY:

	YEAR ⇄		
Workers' Compensation Experience Modification Rate for last three years.			

NOTE: If EMR Average for last three years is over 1.0, you must submit an OSHA 200 log for each year with this response.

Have you had any OSHA fines within the last three years? YES NO

Have you had any jobsite fatalities within the last three years? YES NO

If you have answered **YES** to either of the above two questions, you **MUST** submit on separate sheet the details describing the circumstances surrounding each incident.

Does your company have a written safety program? Yes No

Does your company have a written policy against drugs and alcohol? Yes No

Does your company drug test? Yes No

What is your company's OSHA incident rate for the past 3 years? _____

(Number of Recordable Accidents/Number of Hours worked *200,000) _____

General Information:

Indicate if your firm is listed as a Minority Owned Business. _____

(Check all that apply and provide copies of certification)

- Woman Owned
- Disabled Veteran
- American Asian
- Small Business
- African American
- 8A
- HUB Zone
- Hispanic
- Veteran Owned
- American Indian



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What trades of work do you usually perform with your own forces: _____

% of work performed by own forces: _____ %

Union affiliations _____

Local []

National []

Total number of permanent staff presently employed by firm: _____

The above-referenced permanent staff employment includes the following # of people:

Management # _____ Superintendents # _____
Engineers/Arch. # _____ Foremen # _____
Draftsmen # _____ Skilled Craftsmen # _____
Project Managers # _____ Unskilled Labor # _____
Project Engineers # _____ Other # _____
Estimators # _____
Other # _____

REFERENCES:

Bank Reference:

Bank Name: _____
Contact: _____ Phone: (____) _____

General Contractor Reference:

Company: _____
Contact: _____ Phone: (____) _____
Project: _____

Supplier Reference:

Company: _____
Contact: _____ Phone: (____) _____
Project: _____

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature: _____
(Officer of the Firm)

Name: _____

Title: _____

Date: _____

This form must be filled out completely and mailed, faxed or emailed to:

Daniels and Daniels Construction Company, Inc
PO Box 10337, Goldsboro, NC 27532
Or faxed to (919) 778-6850
estimating@danddcc.com

Office Use Only Processed Date: _____ By: _____ Revision Requested Date: _____