



HOLLADAY CONSTRUCTION GROUP

Creating Solutions...Building Relationships

www.holladayconstructiongroup.com

SUBCONTRACTOR AND VENDOR PRE-QUALIFICATION

Please return this form and any attachments via email to: subcontractors@hcglc.net

Please provide the following information and include additional attachments as necessary:

- Copy of W-9
- List of company license numbers
- List of state sales tax numbers
- Certificate of Insurance and Insurance Agent Contact Information
- List of current projects
- List of recently completed projects (past 3 years)
- Bank information
- Dun and Bradstreet information
- Surety information
- 3 supplier references
- 3 contractor references
- Safety Program/Manual
- Independent verification letter supporting your EMR for last 3 years
- OSHA 300 logs from last 3 years

COMPANY INFORMATION

Company Name (Legal): _____

D/B/A Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Person and Title: _____

Contact E-Mail: _____ Contact Phone: _____

Trades/Type of Work Performed: _____

Number of Employees: _____

Business Type: Corporation Partnership Sole Proprietor

Fed ID # or S.S.#: _____

Date the firm was organized in its present form: _____ D & B #: _____



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COMPANY INFORMATION (CONT'D)

Company owners or major shareholders (list names and titles):

Have you been in business under any other name in past five years? If yes, provide name of business:

Is this company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), Union, or any other type of certified business enterprise?

If yes, please specify:

If yes, provide the Certifying Agency name(s):

Is the firm currently, or within the last 5 years, involved in bankruptcy proceedings? If yes, include an explanation and any court information as an attachment to this document.

Are there any pending or outstanding judgments, claims or lawsuits against the firm? If yes, include an explanation and any court information as an attachment to this document.



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FINANCIAL INFORMATION

Please provide company banking information

Bank Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Bank Contact Person (Name and Title): _____

Contact E-Mail: _____ Contact Phone: _____

Does the company have a line of credit from any lending institution? If yes, provide the following information:

Lending Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Lending Agent Name: _____

E-Mail: _____ Phone: _____



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FINANCIAL INFORMATION (CONT'D)

Does the company have payment & performance bond capacity? If yes, provide the following information:

Single project limit and Aggregate limit:

Bonding Company Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Bonding Agent Name: _____

E-Mail: _____ **Phone:** _____



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REFERENCES

Supplier References – Please provide a minimum of (3) references

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

E-Mail: _____ Phone: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

E-Mail: _____ Phone: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

E-Mail: _____ Phone: _____



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REFERENCES (CONT'D)

General Contractor References – Please provide a minimum of (3) references

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

E-Mail: _____ Phone: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

E-Mail: _____ Phone: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

E-Mail: _____ Phone: _____



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CURRENT PROJECTS

Please provide a project list of all current projects (include attachment if needed)

Project Name: _____

Contract Amount: _____ Project Type: _____

Project Location: _____

Start Date: _____ Substantial Completion Date: _____

General Contractor : _____

GC Contact Person: _____

E-Mail: _____ Phone: _____

Project Name: _____

Contract Amount: _____ Project Type: _____

Project Location: _____

Start Date: _____ Substantial Completion Date: _____

General Contractor : _____

GC Contact Person: _____

E-Mail: _____ Phone: _____



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CURRENT PROJECTS (CONT'D)

Project Name: _____

Contract Amount: _____ Project Type: _____

Project Location: _____

Start Date: _____ Substantial Completion Date: _____

General Contractor : _____

GC Contact Person: _____

E-Mail: _____ Phone: _____

Project Name: _____

Contract Amount: _____ Project Type: _____

Project Location: _____

Start Date: _____ Substantial Completion Date: _____

General Contractor : _____

GC Contact Person: _____

E-Mail: _____ Phone: _____



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PROJECT EXPERIENCE

Please provide project information for the (3) largest projects completed in the last five years

Project Name: _____

Contract Amount: _____ Project Type: _____

Project Location: _____

Start Date: _____ Substantial Completion Date: _____

General Contractor : _____

GC Contact Person: _____

E-Mail: _____ Phone: _____

Project Name: _____

Contract Amount: _____ Project Type: _____

Project Location: _____

Start Date: _____ Substantial Completion Date: _____

General Contractor : _____

GC Contact Person: _____

E-Mail: _____ Phone: _____



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PROJECT EXPERIENCE (CONT'D)

Project Name: _____

Contract Amount: _____ Project Type: _____

Project Location: _____

Start Date: _____ Substantial Completion Date: _____

General Contractor : _____

GC Contact Person: _____

E-Mail: _____ Phone: _____

Has the company ever failed to complete a job or received a notice of default or delay? If yes, please explain:



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LIABILITY INSURANCE

Please provide the following information or attached a sample COI certificate

Insurance Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Agent Name: _____

E-Mail: _____ Phone: _____

Coverage Details

\$ _____ WC

\$ _____ General liability, each occurrence

\$ _____ Auto

\$ _____ Other (umbrella, etc.)



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SAFETY INFORMATION

Please attach and submit the company safety manual. If company has a third party safety contractor, please provide company name and contact information.

Company Safety Contact Person: _____

E-Mail: _____ Phone: _____

Experience modifier (EMR) for last 3 years:

Current _____ Last year _____ Two years ago _____

Has the company received an OSHA citation in the last 3 years? If yes, explain:

Have any of the company owners or shareholders received an OSHA citation in the last 3 years under any business owned or operated? If yes, explain:

I certify that all the above information included in this Prequalification is true, accurate and correct and hereby authorize Holladay Construction Group to perform a background check on this company to include a credit check with the suppliers, project and contractor references listed above as necessary.

Signature of Owner or Representative

Date