



Subcontractor Request for Inclusion on Spence Brothers' Pre-Qualified Bidders List

**All information must be completed in order to be considered for pre-qualification.
This Qualification must be submitted yearly.
Please return the completed form with all attachments to:**

Spence Brothers
4343 Concourse Drive, Suite 100
Ann Arbor, MI 48108
Attention: Catrina Walker
Phone: 734.213.6033
Fax: 734.213.6023
catrinawalker@spencebrothers.com

Date of Submission: _____

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____

Contact E-Mail Address: _____

TYPE OF WORK

A. Check all Trade Packages that your firm is interested in bidding:

- | | | |
|---|--|--|
| <input type="checkbox"/> General Trades | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Paving | <input type="checkbox"/> Earthwork | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Steel | <input type="checkbox"/> Waterproofing |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Glass/Glazing | <input type="checkbox"/> Drywall/Ceilings |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Flooring | <input type="checkbox"/> Mechanical/Plumbing |
| <input type="checkbox"/> Sheet Metal/HVAC | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Voice/Data/Video |
| <input type="checkbox"/> Other _____ | | |

Please specify.



ORGANIZATION

- A. Check one of the following:
 Corporation Partnership Individual Joint Venture Other
- B. Check all that apply:
 Union Minority Business Enterprise
 Small Business Women Business Enterprise
 8A – Federal Certification Veteran’s Business Enterprise
- C. How many years has your company been in business as a Contractor? _____
- D. How many years has your company been in operation under the present name? _____
- a. Please list any other names under which your organization has operated.

- _____
- E. Identify the number of employees: Office Personnel Field Supervisors
 Average Field Labor
- F. Please answer the following if your organization is a corporation.
- a. Date of incorporation: _____
- b. State of incorporation: _____
- c. President’s name: _____
- d. Vice President’s name(s): _____
- _____
- e. Secretary’s name: _____
- f. Treasurer’s name: _____
- G. Please answer the following if your organization is a partnership.
- a. Date of organization: _____
- b. Type of partnership (if applicable): _____
- c. Name(s) of general partner(s): _____
- H. Please answer the following if your organization is individually owned.
- a. Date of organization: _____
- b. Name of owner: _____
- I. If your organization is not a corporation, partnership, or individually owned, please describe it and name the principals on a separate sheet of paper.



- J. List those categories of work that your company normally performs with its own forces.

- K. Claims and Lawsuits (please provide details on a separate if any of the following answers are yes).
 - a. Has your company ever failed to complete any of the work awarded? _____
 - b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? _____
 - c. Has your company filed any lawsuits or requested arbitration in regard to construction contracts within the last five (5) years? _____

- L. Prevailing Wage Rate Violations (Please provide details on a separate sheet if any of the following answers are yes.)
 - a. Have you ever been found in violation of the State's Prevailing Wage Act? _____
 - b. Are you now or have you ever been removed from the State of Michigan's approved bidder's list for any reason? _____

- M. Has your company, any parent, subsidiary, sister corporation, or any other company affiliated with your company declared bankruptcy, or been placed into bankruptcy, in the last ten (10) years? (If so, please provide details on a separate sheet.) _____

- N. Have any of your officers or principal operating personnel been employed by or associated with a company that has been in bankruptcy or ceased to operate at any time during the last ten (10) years? (If so, state the person's name, and the name of the company involved on a separate sheet.) _____

- O. During the last five (5) years, has any officer or principal of your organization ever been an officer or principal of another company when it failed to complete a construction contract? (If so, please provide details on a separate sheet.) _____

EXPERIENCE

- A. Please provide (on a separate sheet) a list of the major construction projects your company has in progress for each trade package indicated on Page 1. Provide the project name, owner, architect, construction manager, contact name and telephone number of construction manager, contract amount, percent complete and scheduled completion date.

- B. Please provide (on a separate sheet) a list of the major projects your organization has completed in the past five (5) years for each trade package indicated on Page 1. Provide the name of the



project, owner, architect, construction manager, date of completion, contact name and telephone number of construction manager, and percentage of the cost of the work performed with your own forces.

- C. What is the average annual amount of construction work performed during the past five (5) years? _____

SAFETY

- A. Provide a copy of your current liability insurance.
- B. Have you had any OSHA fines within the last three (3) years? _____ (If yes, please provide details.)
- C. Have you had any jobsite fatalities with the last five (5) years? _____ (If yes, please provide details,)
- D. Please provide copies of your OSHA Summary of Work-Related Injuries and Illness Logs (OSHA's form 300A) for the past three (3) years.
- E. Provide a letter from your insurance carrier listing the Experience Modification Rate (EMR) for your firm for the past three (3) years

FINANCIALS

- A. Please submit a letter from your bonding company listing:
 - a. Single project bonding limit.
 - b. Overall bonding limit.
 - c. Current available bonding limit.
 - d. Bond Company Rating
 - e. Name of Bonding Agent and Telephone Number
 - f. Length of time with Bonding Company
- B. Please provide a copy of your latest financial statement.

SUBMISSION

Date: _____

Organization: _____

Signature: _____

Title: _____

_____ (print name) being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.