

### **Buckingham Constructions Trade Pre-Qualification Form**

Can you please fill it out and send back with the following documents.

- Audited Financial Statements (including notes) or last year-end statement if not audited.
- Current Internal Financial Statement (balance sheet and income statement)
- Provide a List of Current Jobs and Five Largest Completed Jobs
- Proof of Insurance and Bonding
- EMR Rating
- W-9

Thank you for taking the time to submit the attached information. Please let me know if you have any questions.

Sincerely,  
**Lisa Cotton**  
Pre-Construction Coordinator  
[Lisa.Cotton@buckingham-co.com](mailto:Lisa.Cotton@buckingham-co.com)  
P: (317) 554-6730



**Buckingham Construction Corporation**  
941 North Meridian Street  
Indianapolis, IN 46204  
P 317.974.1234  
F 317.974.1238

**TRADE CONTRACTOR PREQUALIFICATION STATEMENT**

Thank you for your interest in Buckingham Construction Corporation. To develop a better understanding of your company and better match future opportunities to your company's capabilities, please complete this form and return it to Lisa Cotton. Please note, this is required in order to perform future work with Buckingham Construction Corporation.

Date of Response: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Is your Company:

- MBE     WBE     DBE     SDVO     VOSB     HUB  
 SDB     WOSB     SBE

(Please attach copies of all certifications.)

Is this address the:     Main Office     Regional Office     Branch Office

Name of Parent Company: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

**Trades**

**Please fill in the trade(s) that your company is interested in bidding**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year Company Started: \_\_\_\_\_ Type of Company:  Corp.  Partnership  Proprietorship

Sub. S. Corp     JV     Other

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ (Attach list if needed)

State Sales Tax Registration Number: \_\_\_\_\_ (Attach list as needed)

State Unemployment Insurance Number: \_\_\_\_\_ (Attach list as needed)

Federal ID Number: \_\_\_\_\_

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

Under what other name(s) has your Company operated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people does your Company presently employ?

Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

How many people did your Company employ on average for the last 3 years?

Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, Please explain:

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Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, Please explain:

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Is your Company or any of its owners, officers or major shareholders currently involved in any business related arbitration or litigation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, Please explain:

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Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone:

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List the geographical areas in which you work:

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List Unions which you have agreements with:

Local Number

Union Name

Agreement Expiration

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List the building types on which your company has worked:

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List the trades you normally perform with your own forces:

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What percentage of the Company's work is normally subcontracted? \_\_\_\_\_ %  
What trades do you normally subcontract?

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What is the largest contract your Company has completed?

Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Project name and scope: \_\_\_\_\_

What was the average annual volume of work performed over the past 5 years:

Yr./Vol. \_\_\_\_\_ Yr./Vol. \_\_\_\_\_ Yr./Vol. \_\_\_\_\_

Yr./Vol. \_\_\_\_\_ Yr./Vol. \_\_\_\_\_

**Attach a list of current and at least five (5) completed major projects giving name of project, address, owner, architect general contractor, contract amount and scope of work.** (Include contact people and phone numbers).

**Attach a copy of your latest audited financial statement and your most recent internal financial statement.**

(Your financial statement is strictly for Buckingham Construction use and will be treated confidentially). You may also send to a secure fax line at 317-554-6705

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Amount of line of credit: \$ \_\_\_\_\_ Amount Available: \$ \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Bonding :**

Is your company bondable? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Surety

Key Contact Person/Phone

A. \_\_\_\_\_

B. Bonding Capacity: Per Job \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Date of Last Bond \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Bond Rate \_\_\_\_\_ %

C. Please list the persons or entities who provide indemnification to your Surety:

\_\_\_\_\_  
\_\_\_\_\_

**Insurance:**

Please attach a copy of your certificate of insurance form. **Note that Buckingham requires \$1 Million Employer's Liability; \$5 Million of General Liability Insurance; and \$1 Million Automobile Liability.**

**Safety:**

**Provide the following safety information for the past three (3) years:**

	20 __	20 __	20 __
Experience Modification factor (EMR)	_____	_____	_____
OSHA recordable incidents	_____	_____	_____
Lost workday cases	_____	_____	_____
Total lost workdays	_____	_____	_____
Total man-hours worked	_____	_____	_____
Number of OSHA citations	_____	_____	_____
Number of fatalities	_____	_____	_____

Do you have a qualified person responsible for safety within your Company: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe his/her qualification:

\_\_\_\_\_  
\_\_\_\_\_

Does this person do safety inspections on all your projects: \_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

Do you have a written Company Safety Policy and Program and will you provide copies if requested: \_\_\_ Yes \_\_\_ No

Does your Company have a written substance abuse policy: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please check which are included in the policy:

Pre-hire/ Initial Employment \_\_\_\_\_

Cause \_\_\_\_\_

Post Accident/ Incident \_\_\_\_\_

Random \_\_\_\_\_

Periodic \_\_\_\_\_

Have you ever implemented 100% fall protection: \_\_\_\_\_ Yes \_\_\_\_\_ No

If requested, can you provide us with site-specific program addressing the fall hazards in your work? \_\_\_ Yes \_\_\_ No

Do you require documented safety meetings for your employees? Indicate which, and how often: \_\_\_ Yes \_\_\_ No

Field Supervisors: \_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

New Hires: \_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

Employees: \_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

Subcontractor/Vendors: \_\_\_\_\_ Yes \_\_\_\_\_ No Frequency \_\_\_\_\_

Does your Company provide safety training for all employees: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list training provided:

\_\_\_\_\_

**(Buckingham will require that at least one full time on-site person must have completed the 10 hour OSHA training.)**

Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your Company have a program recognizing your employees for safety performance excellence? \_\_\_ Yes \_\_\_ No

Does your Company have a disciplinary program in place for safety violations: \_\_\_\_\_ Yes \_\_\_\_\_ No

**References:**

List three (3) of your major suppliers:

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

C. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

**List three (3) General Contractors that you do business with:**

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

C. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

**Personnel:**

List key office personnel and field supervisors:

<u>Name</u>	<u>Position</u>
A. _____	_____
B. _____	_____
C. _____	_____

List any subsidiaries and affiliates of your Company:

<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

General Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Buckingham will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of Two Thousand and \_\_\_\_\_

Name of Company: \_\_\_\_\_

Completed by: \_\_\_\_\_  
(Signature ) (Must be an officer of the Company)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_