



**PRE-CONTRACT
QUALIFICATION**

Please fill out the following form to apply for our Subcontractor/Vendor Bid List, and submit to staterhamilton@corriganoil.com. Our project team will contact you following the review of your application.

NEW SUBCONTRACTOR/VENDOR QUALIFICATION QUERY

COMPANY NAME:

COMPANY ADDRESS:

PHONE NUMBER:

FAX NUMBER:

COMPANY WEBSITE:

CONTACT(S):

CONTACT(S) EMAIL ADDRESS:

TYPE OF WORK:

YEARS IN BUSINESS AS CONTRACTOR:

YEARS IN BUSINESS AS A CONTRACTOR UNDER PRESENT BUSINESS NAME:

OTHER OR FORMER NAMES THE COMPANY HAS USED:

TYPE OF ORGANIZATION:

- Corporation
- Partnership
- Individual
- Other: _____

Is your company union or non-union?

Union: Non-Union:

CLAIMS AND SUITS:

(Attach Details if the answer to any question below is YES)

Has your organization ever failed to complete any work awarded to it?

Yes:

No:

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

Yes:

No:

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

Yes:

No:

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

Yes:

No:

BONDING:

Is your Company Bondable?

Yes:

No:

Bonding Capacity (Single):

Bonding Capacity (Aggregate):

Bonding Company Name:

Bonding Company Address:

Bonding Company Agent:

Bonding Company Phone:

SAFETY:

Does your company have a written safety package?

Yes:

No:

2017 EMR Rating:

2016 EMR Rating:

2015 EMR Rating:

REFERENCES:

OWNERS/GENERAL CONTRACTORS/CONSTRUCTION MANAGERS:

Company Name 1:

Contact Person:

Address:

Phone:

Fax:

Company Name 2:

Contact Person:

Address:

Phone:

Fax:

Company Name 3:

Contact Person:

Address:

Phone:

Fax:

SUPPLIERS/VENDORS:

Company Name 1:

Contact Person:

Address:

Phone:

Fax:

Company Name 2:

Contact Person:

Address:

Phone:

Fax:

BANK:

Company Name:

Contact Person:

Address:

Phone:

Fax:

Thank you for submitting a New Subcontractor-Vender Qualification Form.