

# **Fastrack** MCI

*General Contractor, Construction Managers, Design Build & Consultants*

PROJECT: \_\_\_\_\_ Date: \_\_\_\_\_

What work do you want to be pre-qualified for? \_\_\_\_\_

**FIRM NAME:**

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact for Inquiries: \_\_\_\_\_

Contractor Licensing Number \_\_\_\_\_ State \_\_\_\_\_

Is your company MWBE, SBE, or DBE? Yes ( ) No ( )

**BONDING:**

Surety Company: \_\_\_\_\_

Agent Company: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Your Bonding Capacity \$ \_\_\_\_\_ Value Presently Bonded: \$ \_\_\_\_\_

**INSURANCE:**

Insurance Company: \_\_\_\_\_

Agent Company: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**SAFETY:**

YEAR			
Workers Compensation Experience Modification Rate for last 3 years.			

NOTE: If EMR Average for last 3 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 3 years? YES ( ) NO ( )

Have you had any jobsite fatalities within the last 3 years? YES ( ) NO ( )

If you have answered **YES** to either of the above 2 questions, you **MUST** submit on separate sheet, the details describing the circumstances surrounding each incidence.

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## GENERAL:

Years in business under present name: \_\_\_\_\_

Years performing work specialty: \_\_\_\_\_

Value of Work now under contract: \$ \_\_\_\_\_

Value of Work in place last year: \$ \_\_\_\_\_

Average Annual Value of Work Completed (Last 3 years): \$ \_\_\_\_\_

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

% of work performed by own forces: \_\_\_\_\_%

Union Affiliations: \_\_\_\_\_  
Local ( ) National ( )

Contract expiration dates? \_\_\_\_\_

Do you accept Site Labor Agreements? Yes ( ) No ( )

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	#		

Is firm in compliance with EEO requirements? Yes ( ) No ( )

Do you have In-house engineering or fabrication capability: Yes ( ) No ( )

If so please describe capabilities: \_\_\_\_\_

## PROJECT PERSONNEL:

Submit names, project experience and business references of personnel who will be directly responsible for project delivery:

- Corporate responsibility with project names and references.
- Field responsibility with project names and references.

(You may submit alternate names for a & b.)

If contractor is successful bidder, the name of the above personnel may become a part of the contract documents.

## LIST 3 TRADE REFERENCES (or attach a list of trade references with this response)

Reference 1: Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reference 2: Company: \_\_\_\_\_

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Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Reference 3: Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## LIST 3 OWNER'S, GENERAL CONTRACTORS, or CONSTRUCTION MANAGERS YOU HAVE WORKED FOR WITHIN THE PAST 2 YEARS:

Reference 1: Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

Project: \_\_\_\_\_

Reference 2:

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

Project: \_\_\_\_\_

Reference 3:

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_

Project: \_\_\_\_\_

## LIST 3 MOST SIGNIFICANT PROJECTS PRESENTLY UNDER CONSTRUCTION:

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: \_\_\_\_\_

Project 3:

Project: \_\_\_\_\_

Location: \_\_\_\_\_

Architect: \_\_\_\_\_ GC: \_\_\_\_\_

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CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_

## LIST 3 MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST 5 YEARS (not including projects listed above):

### 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: \_\_\_\_\_

### Project 3:

Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Architect: \_\_\_\_\_ GC: \_\_\_\_\_  
CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_

## BANK REFERENCES/CREDIT REFERENCES:

Bank Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Has firm: - Failed to complete a contract YES ( ) NO ( )  
- Been involved in bankruptcy or reorganization YES ( ) NO ( )  
- Pending judgment claims or suits against firm YES ( ) NO ( )  
(If answer to proceeding is yes, submit details on separate sheet.)

## FINANCIAL STATEMENT:

A financial statement is not necessary however, please submit

Firm that would preparing statements: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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Does this Contractor now or has he had at any time in the past any objection to working with Fastrack MCI?

No ( ) Yes ( )  
(If "yes" attach explanation)

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

Signature: \_\_\_\_\_ Type of Firm  
(Officer of the Firm) ( ) Corporation  
Name: \_\_\_\_\_ ( ) Partnership  
Title: \_\_\_\_\_ ( ) Sole Proprietor  
Date: \_\_\_\_\_

Thank you for your interest in becoming a pre-qualified Sub-Contractor with Fastrack Management and Consulting, Inc. In addition to completing this form, I will need a completed and executed W-9 form; proof of your company's auto, workman's compensation, general liability, and excess umbrella policy limits; a letter from your Insurance Company stating your EMR rating on their company letter head, and copies of any active licenses or certificates. We also need a letter from your bonding agency stating your bonding capacity. We need to know what you can bond single, aggregate, and what you firm currently has bonded. Once I have received your completed forms and documentation I will research your answers and check all references. As soon as your Pre-Qualification application has been approved – I will notify you by letter, and you will then be put on Fastrack Management and Consulting, Inc. bidder's list for consideration of future upcoming projects by invitation.

If you have any question(s), please do not hesitate to contact me – otherwise I look forward to processing your application. Thank you for applying with Fastrack Management and Consulting, Inc.