

Prequalification Form will NOT be accepted unless completed in its entirety.

**BUSINESS SECTION** (please print or type)

Legal Business Name		Date:			
		Project, if applicable:			
		Type of Company <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Both			
Address #1 (Street Address)		Address #2 (Mailing Address)			
City	State	Zip	City	State	Zip
Principal Contact	Contact's Title	Yrs in Business (Current Name)	# of Employees	Fed. Tax ID #	
Telephone Number	Toll Free Number	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/> Partnership		Labor Affiliation: <input type="checkbox"/> Union <input type="checkbox"/> Merit Shop	
Fax Number	Cellular Phone Number				
Contact Email Address		Company Website Address		Is company a certified MBE, DBE or SDB? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Type: <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> SDB <input type="checkbox"/> Other _____	
Design-Build Capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? (If yes, explain on a separate sheet and attach to this form) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is engineering staff: <input type="checkbox"/> Internal <input type="checkbox"/> External					

**List the corporate officers, partners, or proprietors of your firm:** (If additional space needed, list on a separate sheet and attach to this form)

Name	Title	% Ownership
Name	Title	% Ownership
Name	Title	% Ownership
Name	Title	% Ownership

Have any of the above officers ever done business with NuJak through another company?  Yes  No  
 (If yes, explain on a separate sheet and attach to this form)

**SAFETY SECTION**

<p><b>List your Experience Modification Rate (EMR) for the last three years:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">Year</td> <td style="width:30%; text-align: center;">Rate</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	Year	Rate							<p><b>Number of OSHA Recordable incidents over the prior 3 years:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">( Data available at <a href="http://www.osha.com">www.osha.com</a> )</p>
Year	Rate								
<p>Do you have a written Safety Program? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>Are all employees trained in safety requirements? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>Do you have a Company Safety Director or other Safety Professionals on Staff? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p>									
<p>If yes, Contact Name: _____ Phone: _____</p>									

## PROJECT INFORMATION SECTION

*List data for three most recent completed fiscal years*

<b>Year 1</b>	<b>Max. Contract Value Completed</b> \$	<b>Annual Company Revenue</b> \$	<b>Current Yr Company Workload</b> \$
<b>Year 2</b>	<b>Max. Contract Value Completed</b> \$	<b>Annual Company Revenue</b> \$	<b>Current Yr Company Backlog</b> \$
<b>Year 3</b>	<b>Max. Contract Value Completed</b> \$	<b>Annual Company Revenue</b> \$	

*Select the geographical areas from the listing below where your company is properly licensed and will provide quotes for work.  
If only a portion of an area, please describe.*

- All The United States
- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> CA | <input type="checkbox"/> FL | <input type="checkbox"/> IL | <input type="checkbox"/> KY | <input type="checkbox"/> MA | <input type="checkbox"/> MO | <input type="checkbox"/> ND | <input type="checkbox"/> NV | <input type="checkbox"/> OR | <input type="checkbox"/> SD | <input type="checkbox"/> VT | <input type="checkbox"/> WI |
| <input type="checkbox"/> AK | <input type="checkbox"/> CO | <input type="checkbox"/> GA | <input type="checkbox"/> IN | <input type="checkbox"/> LA | <input type="checkbox"/> MI | <input type="checkbox"/> MT | <input type="checkbox"/> NH | <input type="checkbox"/> NY | <input type="checkbox"/> PA | <input type="checkbox"/> TN | <input type="checkbox"/> VA | <input type="checkbox"/> WY |
| <input type="checkbox"/> AZ | <input type="checkbox"/> CT | <input type="checkbox"/> HI | <input type="checkbox"/> IA | <input type="checkbox"/> ME | <input type="checkbox"/> MN | <input type="checkbox"/> NC | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> RI | <input type="checkbox"/> TX | <input type="checkbox"/> WA |                             |
| <input type="checkbox"/> AR | <input type="checkbox"/> DE | <input type="checkbox"/> ID | <input type="checkbox"/> KS | <input type="checkbox"/> MD | <input type="checkbox"/> MS | <input type="checkbox"/> NE | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> SC | <input type="checkbox"/> UT | <input type="checkbox"/> WV |                             |
- International     Canada     Mexico     Other \_\_\_\_\_

*List license numbers of jurisdictions in which your company is legally qualified to work. (List additional on separate sheet.)*

State	License Number	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*List the types of projects for which your company typically performs work or in which it specializes.*

## INSURANCE AND BONDING SECTION

**Do you currently carry, or can you obtain the following insurance coverage?**

- |   |  |
|---|--|
| Worker's Compensation Statutory Maximum at Project Site Location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| General Liability                      \$1,000,000                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Automobile Liability                  \$1,000,000                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer Liability                      \$1,000,000               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

<b>Insurance Company</b>	<b>Insurance Agent</b>	<b>Insurance Agent Telephone</b>
<b>Bonding Company</b>	<b>Bonding Company Contact</b>	<b>Bonding Contact Telephone</b>
	<b>Total Bonding Capacity</b> \$	<b>Current Available Bonding Capacity</b> \$

**REFERENCE SECTION**

**Project References (within last three years)**

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

Briefly Describe Work Performed By Your Firm:

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

Briefly Describe Work Performed By Your Firm:

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

*Briefly Describe Work Performed By Your Firm:*

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

Briefly Describe Work Performed By Your Firm:

**Major Supplier References (list three current supplier references)**

<b>Company Name</b>	Address
Contact	Phone

<b>Company Name</b>	Address
Contact	Phone

<b>Company Name</b>	Address
Contact	Phone

**Bank References (list three financial references)**

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SCOPES OF WORK SECTION** (Scopes of work that your company performs. Check all that apply.)

**1000 GENERAL CONDITIONS**

- 1231 Geotechnical Investigation
- 1353 Progress/Aerial Photos
- 1410 Material Testing
- 1544 Clean-Up
- 1544 Final Clean-up
- 1550 Temporary Labor
- 1553 Construction Fence
- 1554 Security Service
- 1557 Scaffolding
- 1623 Crane Rental
- 1900 Layout/Surveying
- 1999 Other \_\_\_\_\_

**2000 SITEWORK**

- 2020 Dewatering
- 2100 Demolition
- 2130 Hazardous Material Abatement
- 2250 Shoring
- 2300 Earthwork S/C
- 2341 Soil Treatment (Termite)
- 2410 Piles/Caissons
- 2500 Site Utilities (water, sewer, storm)
- 2550 Fuel System S/C
- 2660 Supply Wells
- 2700 Disposal Wells
- 2710 Asphalt Paving S/C
- 2720 Concrete Paving S/C
- 2730 Curb and Gutter
- 2760 Trenchless Technologies
- 2800 Site Hardscape S/C
- 2820 Fencing & Gates
- 2830 Retaining Walls
- 2840 Guardrails & Bumpers
- 2853 Playground Equipment
- 2854 Fountains
- 2860 Marine Construction
- 2870 Railroad Construction S/C
- 2890 Traffic Signals
- 2901 Landscape & Irrigation S/C
- 2950 MOT (Maintenance of Traffic)
- 2999 Other \_\_\_\_\_

**3000 CONCRETE**

- 3050 Fine Grading S/C
- 3100 Concrete Formwork S/C
- 3200 Reinforcing Steel-Installed
- 3210 Reinforcing Steel-Furnished
- 3300 Cast-in-Place Concrete S/C
- 3310 Concrete Materials
- 3315 Concrete Pumping
- 3330 Place & Finish
- 3370 Tilt-Up S/C
- 3410 Structural Precast Concrete
- 3420 Post Tension S/C

**3000 CONCRETE cont.**

- 3450 Architectural Precast Concrete
- 3700 Concrete Accessories
- 3770 Tilt-up Accessories
- 3830 Concrete Cutting
- 3840 Concrete Repair & Restoration
- 3999 Other \_\_\_\_\_

**4000 MASONRY**

- 4010 Masonry S/C
- 4100 Masonry Materials
- 4400 Stone Masonry
- 4900 Masonry Restoration & Cleaning
- 4999 Other \_\_\_\_\_

**5000 METALS**

- 5120 Structural Steel Supply
- 5170 Structural Steel Erection
- 5210 Steel Joist/Supply
- 5300 Metal Deck Supply
- 5500 Misc. Metals Fabrication
- 5510 Metal Stairs & Handrails
- 5700 Ornamental Metals
- 5800 Expansion Control Assemblies
- 5999 Other \_\_\_\_\_

**6000 WOOD & PLASTIC**

- 6100 Rough Carpentry Material
- 6110 Framing S/C
- 6130 Heavy Timber Framing
- 6150 Wood Decking/Paneling
- 6190 Wood Trusses
- 6200 Finish Carpentry
- 6400 Architectural Casework
- 6610 FRP
- 6999 Other \_\_\_\_\_

**7000 THERMAL & MOIST. PROTECTION**

- 7100 Waterproofing & Sealants
- 7210 Building Insulation
- 7240 Ext. Insul. & Finish Systems (EIFS)
- 7310 Shingle/Tile Roofing
- 7410 Metal Roof & Wall Panels
- 7415 Insulated Metal Panels
- 7460 Siding & Soffits
- 7500 Membrane Roofing
- 7600 Flashing, Sheet Metal & Accessories
- 7700 Roof Specialties
- 7810 Fireproofing
- 7900 Joint Sealers
- 7999 Other \_\_\_\_\_

**8000 DOORS & WINDOWS**

- 8010 Doors, Frames & Hardware

**8000 DOORS & WINDOWS cont.**

- 8111 Doors & Hdw. Installer Only
- 8360 Overhead Doors
- 8400 Storefronts
- 8460 Automatic Entrance
- 8500 Windows
- 8521 Sliding Glass Doors
- 8600 Skylights
- 8800 Glass & Glazing S/C
- 8900 Glazed Curtain Walls
- 8950 Translucent Roof & Walls
- 8999 Other \_\_\_\_\_

**9000 FINISHES**

- 9220 Plaster/Stucco
- 9250 Drywall S/C
- 9300 Tile
- 9400 Terrazzo
- 9500 Acoustical Ceilings
- 9600 Resilient Flooring/Carpet
- 9640 Wood Flooring
- 9670 Fluid Applied Flooring
- 9675 Stone Flooring
- 9840 Acoustical Wall Treatment
- 9900 Painting/Wall Covering
- 9960 Special Coatings
- 9999 Other \_\_\_\_\_

**10000 SPECIALTIES**

- 10100 Visual Display Boards
- 10160 Toilet Partitions & Accessories
- 10190 Cubicle Curtains
- 10200 Louvers & Vents
- 10260 Wall & Corner Guards
- 10270 Access Flooring
- 10300 Fireplaces & Stoves
- 10340 Manufactured Exterior Spec.
- 10350 Flagpoles
- 10400 Identification Devices/Signage
- 10500 Lockers & Benches
- 10520 Fire Extinguishers & Cabinets
- 10530 Prot. Covers/Awnings/Canopies
- 10550 Postal Specialties
- 10610 Wire Mesh/Chain Link Partitions
- 10620 Demountable Partitions
- 10650 Oper. Partitions/Accordian Wall
- 10670 Storage Shelving
- 10750 Telephone Specialties
- 10825 Shower & Tub Doors
- 10999 Other \_\_\_\_\_

**11000 EQUIPMENT**

- 11030 Bank Equipment
- 11040 Ecclesiastical Equipment
- 11050 Library Equipment
- 11060 Theatre & Stage Equipment

**SCOPES OF WORK SECTION cont.**

**11000 EQUIPMENT cont.**

- 11110 Commercial Laundry Equipment
- 11130 Audio-Visual Equipment
- 11140 Vehicle Service Equipment
- 11150 Parking Control Equipment
- 11170 Solid Waste Handling Equipment
- 11190 Detention Equipment
- 11200 Water Supply & Treatment Equip.
- 11400 Food Service Equipment
- 11450 Residential Equipment
- 11470 Darkroom Equipment
- 11480 Athletic & Recreation Equipment
- 11500 Industrial & Process Equipment
- 11600 Laboratory Equipment
- 11700 Medical Equipment
- 11800 Variable Message Signs
- 11999 Other \_\_\_\_\_

**12000 FURNISHINGS**

- 12300 Manufactured Casework
- 12350 Grilles, Mats & Frames
- 12400 Window Treatment
- 12500 Furniture

**12000 FURNISHINGS cont.**

- 12700 Systems Furniture
- 12999 Other \_\_\_\_\_

**13000 SPECIAL CONSTRUCTION**

- 13030 Special Purpose Rooms
- 13080 Sound, Vibration, & Seismic Cont.
- 13100 Lighting Protection
- 13120 Pre-Engineered Metal Buildings
- 13121 Metal Building Erector
- 13150 Swimming Pools
- 13200 Storage Tanks
- 13300 Cold Storage Rooms
- 13700 Security Access & Surveillance
- 13800 Fire Alarm System
- 13900 Fire Suppression/Protection
- 13999 Other \_\_\_\_\_

**14000 CONVEYING SYSTEMS**

- 14200 Elevators & Lifts
- 14300 Escalators & Moving Walks
- 14500 Material Handling
- 14580 Pneumatic Tube System
- 14600 Hoists & Cranes
- 14999 Other \_\_\_\_\_

**15000 MECHANICAL**

- 15100 HVAC S/C
- 15180 HVAC Instrumentation/Controls
- 15181 Process Instrumentation Controls
- 15190 Test, Balance & Adjust
- 15200 Plumbing S/C
- 15300 Refrigeration
- 15999 Other \_\_\_\_\_

**16000 ELECTRICAL**

- 16050 Electrical S/C
- 16231 Generators
- 16400 Switchboards/Panel Boards
- 16500 Lighting Supplier
- 16700 Communications
- 16800 Sound & Video
- 16900 Technologies
- 16910 Instrumentation & Control
- 16999 Other \_\_\_\_\_

**17000 SECURITY**

- 17000 Security & Alarms
- 17999 Other \_\_\_\_\_

**CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of NuJak Companies, Inc.**

*The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.*

**Information Supplied By:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Return completed form to:**

**Email: [estimating@nujak.com](mailto:estimating@nujak.com)**

**OR**

**Fax (863) 337-8160**