|  |  |
| --- | --- |
| Date of Response: |  |

We appreciate you taking the time to fill out our Prequalification Form. Please make sure to complete the form in its entirety and provide accurate responses. Return the completed form and associated attachments to: **info@bhchomes.org**

Better Housing Coalition

Attention / **Tiffany Person-Armstrong Prequalify App**

23 West Broad Street, Suite 100 / Richmond, Virginia 23241

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| --- |
| **COMPANY INFORMATION** |

**BUSINESS INFORMATION – Please provide information for the local branch office that will serve Richmond**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name of Company: | |  | | | | | | | | | | | | | |
| Parent Company: | |  | | | | | | | | | | | | | |
| Company Website: | |  | | | | | | | | | | | | | |
| Type of Company: | | Corporation  Partnership  Sole Proprietor  Other | | | | | | | | | | | | | |
| State of Incorporation: | |  | | | | Date of Incorporation: | | | | | |  | | | |
| Street/Physical Address: | |  | | | | | | | | | | | | | |
| City: | |  | | | | State: | | |  | | | | Zip: | |  |
| Mailing Address: | |  | | | | | | | | | | | | | |
| City: | |  | | | | State: | | |  | | | | Zip: | |  |
| Main Phone Number: | |  | | | Main Fax Number: | | | | |  | | | | | |
| Main Contact Name: |  | | | | E-mail: | |  | | | | | | | | |
| Phone: |  | | Cell: |  | | | | | | | Fax: | | |  | |
| Officers – President: | |  | | Vice President (s): | | | |  | | | | | | | |
| Treasurer: | |  | | Secretary: | | | |  | | | | | | | |

**LICENSING AND CERTIFICATIONS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Federal ID Number: |  |  | | | | | | |
| VA Contractor’s License: |  | License Class: | | Class A  Class B  Class C | | | | |
| Do you or your business reside or operate your office in the City of Richmond? | | | | | | | Yes  No | |
| Does your company qualify as a Section 3 business? | | | | | | | Yes  No | |
| Minority Certification: | MBE  WBE  SBE | Other: |  | | | | | |
| Ownership Ethnicity: | African American  Hispanic  Native American  Asian Pacific  Asian Indian  Other | | | | | | | |
| Certifying Agency: |  | % Ownership: | | |  | | | |
| Are you SWaM Certified: | Yes  No |  | | | | |  | |
| Any Other Certifications: |  | Certifying Agency: | | | |  | | |
| **\* Include a Copy of all certifications relative to the Ownership type(s) indicated above** | | | | | | | |  |

**SECTION 3 INFORMATION**

|  |  |
| --- | --- |
| Do you have experience with Section 3? | Yes  No |
| What percentage of your new hires, subcontractors, or trainees qualify as a Section 3 Worker in the last 2 years? |  |
| Can you provide proof of certification for any current Section 3 qualified new hires, subcontractors, or trainees? | Yes  No |
| Are you actively in search of individuals or businesses that are qualified as or meet the criteria for Section 3 to fill any openings? | Yes  No |

**EMPLOYMENT INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Home Office** |  | **Field Supervisory** |  | **Trades Persons** |  | **Total** |
| Current # of Employees: |  |  |  |  |  |  |  |

|  |
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| **SAFETY INFORMATION** |

**PROVIDE EMR RATES FOR THE LAST THREE YEARS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State** |  |  | **Year** |  | **Rate** |
|  |  | Current: |  |  |  |
|  |  | Previous: |  |  |  |
|  |  | Previous: |  |  |  |

**SAFETY QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| Does your company have a qualified full-time person responsible for safety within your company? | Yes | No |
| Any employee fatalities in the last 3 years? \* | Yes | No |
| Any OSHA citations in the last 3 years? \* | Yes | No |
| Do you have a drug testing program? | 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 |
| Does your company review the safety management systems for your subcontractors? | Yes | No |
| Does your company conduct accident/incident investigations? | Yes | No |
|  | | |
| \* Please provide copies of the OSHA 300A form for the last 3 years. | | |

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| **WORK CAPABILITIES** |

**Please list all self-performed trades**

|  |  |  |
| --- | --- | --- |
| **Spec Section** |  | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Percentage of work normally subcontracted: | % | |  | Current Backlog for Year 20: |  |
| Does your company use a digital project management system? | | Yes  No | | | |
| If so, please list the system(s) used: | |  | | | |

**Average annual volume of work performed over the past 3 years:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** |  | **Average Volume** |  | **Number of Projects** |
|  | - | $ | - |  |
|  | - | $ | - |  |
|  | - | $ | - |  |

**Largest contract completed to date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year: |  | Amount of Contract: | $ | |
| Project Name/Location |  | | | | | |
| Point of Contact: |  | | | Telephone No.: | |  |
| Scope of Work: |  | | | | | |

|  |
| --- |
| **GENERAL FINANCIAL INFORMATION** |

**Banking Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial Institution: |  | | | | |
| Address |  | | | | |
| City: |  | State: |  | Zip: |  |
| Contact Name: |  | E-Mail: |  | | | |
| Phone: |  | Fax: |  | | | |

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| **BONDING INFORMATION (Payment & Performance Bonds)** |

|  |  |  |
| --- | --- | --- |
| Is your company able to secure a Performance & Payment Bond? | Yes | No |
| If bonding was a requirement for the project, are you able to provide a Performance & Payment Bond? | Yes | No |

|  |
| --- |
| **LEGAL ACTION INFORMATION** |

|  |  |  |
| --- | --- | --- |
| Has a mechanics lien ever been filed against you or your company? | Yes | No |
| Have you ever filed a mechanics lien against an owner? | Yes | No |
| Are there any liens or other legal actions pending on any project(s)? | Yes | No |

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| **INSURANCE INFORMATION** |

**COMMERCIAL GENERAL LIABILITY INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Broker/Company Name: | |  | | |
| Insurance Carrier: | |  | | |
| Contact Name: |  | | E-Mail: |  | |
| Phone: |  | | Fax: |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **BHC Minimum Coverage** | **\*Specific project requirements may differ** | |
| General Aggregate: | $ 2,000,000 | Per Project | |
| Products-Comp/Op Aggregate: | $ 2,000,000 |  | |
| Personal/Adv. Injury: | $ 1,000,000 |  | |
| Each Occurrence: | $ 1,000,000 |  | |
| Fire Damage: | $ 100,000 | (any one fire) | |
| Medical Expenses: | $ 5,000 | (any one person) | |
| Automotive Liability: | $ 1,000,000 | Combined Single Limit | |
| Umbrella Liability: | $ 3,000,000 |  | |
| Worker’s Compensation: | $ 100,000 | Each Accident | |
| Worker’s Compensation – Disease: | $ 100,000 | Each Employee | |
| Worker’s Compensation – Disease: | $ 500,000 | Policy Limit | |
| Fire Damage (any one fire): | $ 100,000 |  | |
| **Do you currently carry coverage that meets the requirements above?** | | Yes | No |

|  |
| --- |
| **ATTACHED DOCUMENT LIST** |

**The following forms are required attachments**

|  |  |  |
| --- | --- | --- |
| X |  | Current Projects List – provide name of project and location [If sub, General Contractor and contact information] |

Files: If you are attaching media to this application (Disks, CDs or other devices, please list them here, with the file formats):

|  |
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| **ACKNOWLEDGEMENT OF INFORMATION** |

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 Better Housing Coalition will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid or award work to our Company.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dated on |  | this |  | Day of 20 |  |
| Name of Company: |  | | | | |
| Completed By: |  | | | | |
| Signature: |  | | | | |
| Title: |  | | | | |

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| **Note:** This document has been developed for the sole use of Better Housing Coalition, in its effort to pre-qualify firms for consideration of performance of work on Better Housing Coalition projects. Any use of the information presented herein by any party other than Better Housing Coalition is solely the responsibility of the user and is undertaken at the user’s risk. Better Housing Coalition makes no representations that the data collected herein is suitable for any application other than that for which it was specifically developed. The fact that any firm may be listed as pre-qualified by Better Housing Coalition as a result of submitting this form, or that any firm fails to be listed as pre-qualified by Better Housing Coalition does not imply that such a firm is suitable or not suitable for doing any work other than that specifically addressed by Better Housing Coalition through the issuance of this form. |