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CONTRACTOR PRE-QUALIFICATION STATEMENT

It is the policy of Case Western Reserve University (CWRU) to pre-qualify our contractors. Your pre-qualification status must be updated annually. Please direct any questions to Construction Services.

Company Information & Contacts

Full Legal Name of Firm: _____

Doing business as (DBA): _____

Other affiliated companies: _____

Please list the number of years your company has been in business as a Contractor. _____ years

Please list the number of years your company has been in business under its present business name.

_____ years

If your company has done business under other names, please list them below:

Company Type

Sole Proprietorship

Partnership

General Partnership

Limited Partnership

Corporation

C-Corporation

S-Corporation

Limited Liability Corporation (LLC)

Date of Incorporation: _____ State of Incorporation: _____

Dunn & Bradstreet Number: _____

Contact Information

Physical Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Website: _____

Primary Contact(s): Name/e-mail

Officers (list all % of ownership)

NAME Title % of Ownership

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List the jurisdiction(s) where your organization's partnership/trade name is filed.

Authorized Signers

Signatory Amount

_____	\$ _____
_____	\$ _____

Contract Information

Total Contract Volume (Past 4 years)

20__ \$ _____ 20__ \$ _____

20__ \$ _____ 20__ \$ _____

Largest Single Contract Amount (Past 4 years)

20__ \$ _____ 20__ \$ _____

20__ \$ _____ 20__ \$ _____

Current Total Backlog

20__ \$ _____

Work in Progress

Total worth of work in progress/under contract: \$ _____

Below, list current major works in progress. If more than 4 projects, please list on a separate sheet.

Project Name: _____

Owner: _____

Architect: _____

Contract Amount: _____

Percent Complete: _____ %

Scheduled Completion Date: _____

Project Name: _____

Owner: _____

Architect: _____

Contract Amount: _____

Percent Complete: _____ %

Scheduled Completion Date: _____

Project Name: _____

Owner: _____

Architect: _____

Contract Amount: _____

Percent Complete: _____ %

Scheduled Completion Date: _____

Project Name: _____

Owner: _____

Architect: _____

Contract Amount: _____

Percent Complete: _____ %

Scheduled Completion Date: _____

Please list separately the construction experience and present commitments of key individuals of your organization.

Supplier Diversity Information

Please check all that apply and attach certifications*:

County, City, State and Transportation Departments

- DBE Disadvantaged Business Enterprise*
- MBE Minority Business Enterprise*
- WBE Women Business Enterprise*
- SBE Small Business Enterprise*

Federal Contracts (DoD) / Small Business Administration

(Small Disadvantaged Businesses and HubZone Businesses must be certified by the SBA and registered in the CCR /Pro-Net system. For more information visit www.ccr.gov)

- HBCU/MI Historically Black Colleges Universities/ Minority Institutions*
- HUBZone Historically Underutilized Business Zone*
- LB Large Business
- LOSB Locally Owned Small Business*
- SB Small Business*
- SBA 8(a) Small Business Administration 8(a)*
- SDB Small Disadvantaged Business*
- SD-VOSB Service-Disabled Veteran Owned Small Business*
- VOSB Veteran Owned Small Business*
- WOSB Women Owned Small Business*
- Other Please Specify _____

Minority Ownership

- Black American*
- Hispanic American*
- Native American (includes American Indian, Eskimo, Aleut & Native Hawaiian)*
- Asian/Indian American (includes India, Pakistan, Bangladesh)*

Company Financial & Legal Information

Bonding

Surety Company: _____

Broker: _____

Contact Person: _____ Phone: _____

Single Project Bonding Limit: _____

Annual Aggregate Limit: _____

Financial

Bank: _____

Address: _____

Contact Person: _____ Phone: _____

Line of credit: \$ _____ Unused portion: \$ _____

Expiration date: _____

Legal*

List all pending, current, and past litigation over the previous 10 years. If necessary, attach a separate sheet.

Contractor Specific Information

Safety

List Experience Modification Rate for past 4 years:

20__ 20__ 20__ 20__

Procurement Experience

% General Contractor Hard Bid Stipulated Lump Sum

% General Contractor Hard Bid with GMAX _____

% Construction Manager (agent) _____

% Construction Manager at Risk _____

% Design Build _____

% Job Order Contracting or Program Management _____

How many projects as a % require preconstruction services? _____

% of repeat clients? _____

Project Experience

What type of work do you do? (Check all that apply)

General Contractor

Specialty Contractor

Other. Specify _____

List the types of work which your company typically self-performs.

What types of projects would you consider your area(s) of expertise?

References

Company Name	Address/Telephone	Contact	Year of last project

List three General Contractors (if a subcontractor) or Owners you do business with:

Company Name	Address/Telephone	Contact	Project

This form was prepared by: _____ Title _____

Date completed: _____

Attach the following:

- Surety letter stating single current project and aggregate project limit for which you can currently bond (bonding capacity).
- If you will be proposing on contracts in excess of \$1M you must submit a copy of your latest (consolidated) audited financial statements. Please be assured your financial information will be kept confidential. If a current copy is on file do not submit a duplicate.