Campus Planning and Facilities Management Office of Business & Finance

> LOCATED AT: 10620 CEDAR AVE CLEVELAND, OH 44106-7228 businessandfinanceadmin@case.edu

## 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 organizati	tion's partnership/trade name is filed.
Authorized Signors	Signatory Amount
Authorized Signers	Signatory Amount\$
	\$
Contract Information	
Total Contract Volume (Past 4 years) 20 \$	20\$
20 \$	20\$
Largest Single Contract Amount (Past 4 ye 20 \$	rears) 20 \$
20 \$	20 \$
Current Total Backlog 20 \$	
Work in Progress  Total worth of work in progress/under contra	ract: \$
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:	
Architect:	
Contract Amount:	
Percent Complete: %	
Scheduled Completion Date:	

Owner: Architect: Contract Amount:		
Contract Amount:		
Percent Complete: %		
Scheduled Completion Date:		
Project Name:		
Owner:		
Architect:		
Contract Amount:		
Percent Complete: %		
Scheduled Completion Date:		
organization.	on experience and present commitments of key individ	addis of your
ompany Financial & Legal Infor	rmation	
roker:		
	Phone:	
nnual Aggregate Limit:		
Financial ank:		
ddress:		
contact Person:	Phone:	
ine of credit: \$	Unused portion: \$	
xpiration date:		
egal*	ation over the previous 10 years. If necessary, attach a	separate she

## Contractor Specific Information Safety List Experience Modification Rate for past 4 years: 20\_\_\_\_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.