



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: _____ Email: _____

Name: _____ Email: _____

Officers (list all % of ownership)

NAME Title % of Ownership

_____	_____
_____	_____
_____	_____
_____	_____

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

Authorized Signatories:

Contract Information

Total Contract Volume for the last 2 years \$ _____

Largest Single Contract Amount for the last 2 years \$ _____

Total work in progress/under contract: \$ _____

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: _____

Legal*

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

Contractor Specific Information

Safety

List Current Experience Modification (EMR): _____

Project Experience

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

- Construction Manager
- Design Build
- 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?

Green Building Experience

Have you completed a LEED or Green Globe certified project? Yes No

Level of Project Certification: _____

Staff Accreditation: _____

References

Company Name	Address/Telephone	Contact

This form was prepared by: _____ Title _____

Date completed: _____