

# Subcontractor/Supplier Pre-qualification



All subcontractors/suppliers working for Wurster Construction Company, Inc. are asked to complete this questionnaire. Please return the completed form to:

**Wurster Construction Company, Inc.**  
8463 Castlewood Drive; Indianapolis, IN 46250  
Phone: 317-841-1000 / Fax: 317-576-5172  
ATTN: Estimating Department [estimating@wcci.com](mailto:estimating@wcci.com)

## I. General information

- A. Name of your business: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Telephone number: \_\_\_\_\_ Cell number: \_\_\_\_\_ Email: \_\_\_\_\_
- D. Contact Name and Title: \_\_\_\_\_
- E. Trade Description(s): \_\_\_\_\_ Is your operation  Union  Non-Union  Both

## II. Organization

- A. Business Type:  corporation  partnership  limited liability company  sole proprietor  other.
- B. Indicate if your business qualifies: (Check all that apply):  DBE  MBE  SBE  WBE

## III. Licensing information

Please provide all trade and professional licenses, if any, required for you to perform your services.

Type of license/Name of license \_\_\_\_\_ License number \_\_\_\_\_

## IV. Work experience

- A. What is your average job size? \_\_\_\_\_ What was your largest job ever completed? \_\_\_\_\_
- B. Has your firm or any other organization with which your officers or owners were involved during the past three (3) years, ever failed to complete any work awarded or been terminated for cause?  No  Yes If yes, please provide a complete explanation.
- C. Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officers or principals?  No  Yes If yes, please provide a complete explanation on a separate sheet.
- D. Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years?  No  Yes If yes, please provide a complete explanation on a separate sheet.
- E. What type of work does your firm typically subcontract to others? \_\_\_\_\_

## V. Financial information

- A. Please attach your firm's most recent financial statement (audited, if available) for the entity that will be signing the subcontract. (can be submitted under separate cover and mailed to Al Wurster President, marked "Confidential")
- B. Please indicate this year's estimated annual sales volume? \$ \_\_\_\_\_ (Year: 20 \_\_\_\_)
- C. Please indicate below the annual sales volume for the last (3) years?  
Most Recent Year \$ \_\_\_\_\_ One Year Prior \$ \_\_\_\_\_ Two Years Prior \$ \_\_\_\_\_

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D. Please attach a list of the three largest projects your firm currently has in progress indicating the project name, owner, architect/engineer, contract amount, and scheduled completion date and contact person at their office or GC with telephone number.

**VI. References**

- A. Banking reference: \_\_\_\_\_
- B. Bonding reference: Total Bonding Capacity: \$ \_\_\_\_\_, Current Bonding Capacity: \$ \_\_\_\_\_, Bonding Company & Agent: \_\_\_\_\_ >
- C. Client References: Please attach a list of List names of persons, agencies and organizations you have done work for during the last three (3) years.

<u>Project Name</u>	<u>Year</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**VII. Safety and Health**

- A. Please list your firm's experience modification rate (EMR) for the most recent three (3) years (If available, please attach a copy of your insurance agent's verification letter).  
Previous year: \_\_\_\_\_  
Previous year: \_\_\_\_\_  
Previous year: \_\_\_\_\_
- B. Do you have a written Safety Program?  Yes  No Do you have a drug testing program?  Yes  No  
Do you require all of your employees to be drug tested?  Yes  No

**VIII. Insurance**

A. Please include a sample copy of your current Certificate of Insurance. (COI).

I hereby certify that I am authorized to sign on behalf of the organization and that the above information is accurate, correct and true.

Completed by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_