

For DCG Use Only

Approved by:

Date:



Dominion Construction Group, LLC
680 A Industrial Road
Warrenton, Virginia 20186
Tel: 540-428-3612
Fax: 540-428-3009

SUBCONTRACTOR PRE-QUALIFICATION

ESTIMATING CONTACT INFORMATION: MUST COMPLETE BOTH SECTIONS

Company Name: _____

Bid Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email Address: PLEASE INCLUDE AN EMAIL ADDRESS WE CAN SEND ITB'S TO

COMPANY PROFILE INFORMATION:

Trade(s) Performed:

Geographic Region(s) Serviced: _____ Virginia _____ Maryland _____ Washington, DC

Business Certifications:

_____ Minority Business Enterprise (MBE)

_____ Disadvantaged Business Enterprise (DBE)

_____ Woman Business Enterprise (WBE)

_____ Local Business Enterprise (LBE)

_____ Small Business Enterprise (SBE)

_____ Veterans Business Enterprise (VBE)

_____ Not Applicable

Years in Business: _____

Number of Employees: _____

Labor Affiliation: _____ Union _____ Non-Union _____ Prevailing Wage

PROJECTS RECENTLY COMPLETED:

1. **Project Title and Location:** _____

a. Trades Performed: _____

b. Contract Amount: _____

c. Completion Date: _____

d. General Contractor / Owner: _____

2. **Project Title and Location:** _____

a. Trades Performed: _____

b. Contract Amount: _____

c. Completion Date: _____

d. General Contractor / Owner: _____

3. **Project Title and Location:** _____

a. Trades Performed: _____

b. Contract Amount: _____

c. Completion Date: _____

d. General Contractor / Owner: _____

BOND INFORMATION:

Bonding Capacity – Per Project: _____

Bonding Capacity – Aggregate: _____

Current Amount Bonded: _____

Bond Rating: _____

LEGAL & FINANCIAL INFORMATION:

Type of Business: _____ Corporation - Date of Incorporation: _____

_____ Partnership _____ or Sole Proprietorship

Name

Title

SSN

Federal Tax Identification Number: _____

State License(s) Number: _____

Business License(s): _____

Has the company ever failed to complete a project: _____ if so, please provide details on a separate page.

Average Project Dollar Size: _____ Largest to Date: _____

Sales Volume for past three (3) years: (20__) _____ (20__) _____ (20__) _____

Insurance (*List limits and coverage type or attach current copy of Certificate of Insurance*):

Workmen's Compensation: _____

General Liability: _____

Excess/Umbrella Liability: _____

Automobile Liability: _____

Insurance Company: _____

Contact: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

REFERENCES: *(Must list fax or email)*

Bank: _____

Contact: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Supplier Reference: (List 2)

Company: _____

Credit Manager: _____

Phone: _____ Fax: _____

Company: _____

Credit Manager: _____

Phone: _____ Fax/Email: _____

Contractor Reference: (List 3)

Company: _____

Contact: _____

Phone: _____ Fax/Email: _____

Company: _____

Contact: _____

Phone: _____ Fax/Email: _____

Company: _____

Contact: _____

Phone: _____ Fax/Email: _____

Authorization: I _____ authorize Dominion Construction Group, LLC to complete a thorough investigation of my past performance and financial responsibility with the above listed references. I also agree to release from liability all persons and companies providing this information.

Contractor Name: _____

Contractor Signature: _____ Date: _____

SAFETY INFORMATION:

Do you have a written safety program? ___ Yes ___ No

Do you have a Total Quality Management Program (TQM)? ___ Yes ___ No

Has your company been cited for any safety violation by either Federal or State OSHA in the past three years? _____ if so, please provide details on a separate page.

Experience Modification Rate (EMR) (*List last 3 years*):

State: Year: _____ Year: _____ Year: _____

EMR: _____ EMR: _____ EMR: _____

Form completed by: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Please send completed form to:
Anneclark@dcgcontractor.com or 540-428-3009