



# Subcontractor Prequalification Form

Thank you for your interest in submitting bids to Wright Construction Company, Inc. Please send your completed form and attachments to:

Wright Construction Company, Inc.  
P O Box 189  
Mt Holly, VT 05758  
(802) 259-2094  
(802) 259-2689 Fax

Please resubmit this information on an annual basis to keep your information current with Wright Construction Company, Inc.

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Estimating Contact & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Please Select All that Apply:

- Corporation  Partnership  Sole Proprietorship
- Subcontractor  Supplier  SBE  DBE
- Other: \_\_\_\_\_  Union Affiliation: \_\_\_\_\_

Years in business under the current company name: \_\_\_\_\_

Names of company officers, principles, partners or owners (please attach resumes):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is company capable of engineering design and certification? \_\_\_\_\_

Federal ID# \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Present # of Office Personnel: \_\_\_\_\_ Field Personnel: \_\_\_\_\_

*For Wright Construction use only*

Chief Estimator

Database entry

Comments:

Approved \_\_\_\_\_

Bid Fax \_\_\_\_\_

\_\_\_\_\_

## PROJECT INFORMATION

Is there a project we are currently bidding for which you would like to be considered?

Type and size of projects for which you would like to submit bids (please select all that apply):

- | Type of Project                                    | Size of Project (total construction cost)   |
|--|---|
| <input type="radio"/> Commercial Office or Banking | <input type="radio"/> < \$100,000           |
| <input type="radio"/> Education                    | <input type="radio"/> \$100,000 – \$500,000 |
| <input type="radio"/> Hotel or Theater             | <input type="radio"/> > \$500,000           |
| <input type="radio"/> Industrial or Manufacturing  |   |
| <input type="radio"/> Medical                      |   |
| <input type="radio"/> Public Works or Corrections  |   |
| <input type="radio"/> Retail or Grocery            |   |
| <input type="radio"/> Site Development             |   |
| <input type="radio"/> Covered Bridges              |   |

Locations of projects for which you would like to submit bids (please select all that apply):

- Southern Vermont
- Southwestern New Hampshire
- New York (Areas that border Vermont)

Please list the specification sections (i.e.: 16000 Electrical) you provide: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type and percentage of work you subcontract to others: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your company ever defaulted on or failed to complete a project?  Yes  No

If yes, please explain on a separate sheet.

**LEGAL STATUS**

Within the last five years has your current firm or any predecessor organization been involved in any litigation, arbitration, or legal dispute with an owner, architect, or general contractor? \_\_\_\_\_

Within the last five years has your current firm or any predecessor organization had any judgments made against your firm? \_\_\_\_\_

If you answered yes to either question, please explain on a separate sheet.

**SAFETY**

Does your firm have a company wide safety program? \_\_\_\_\_

What is your current Mod Rating? \_\_\_\_\_

**CURRENT PROJECTS**

Please attach a list of current projects, including contract amount, expected completion date, architect name, general contractor name, project manager and phone number.

**REFERENCES**

Please attach a list of projects completed in the last five years, including contract amount, completion date, architect name, general contractor name, project manager and phone number.

Within the last five years has your current firm, predecessor organization, or any principal in the firm filed for bankruptcy? \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**SUBCONTRACT AGREEMENT**

Wright Construction Company has a standard subcontract agreement which is required to be used on all projects. By bidding projects and submitting proposals with Wright Construction Company we hereby agree to execute the standard subcontract agreement and comply with its terms and conditions.

**INSURANCE BONDING**

Bonding Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Please attach a sample certificate of insurance.

These are the minimum insurance requirements in our standard subcontract agreement and by bidding projects with Wright Construction Company we hereby agree to comply with these requirements. These requirements are subject to change and may be different in the specifications provided for each project. If higher limits are required by an Owner, those limits will be complied with.

Workers' Compensation ..... Statutory Limits

Employers' Liability

Each Accident ..... \$100,000  
Disease – Policy Limit ..... \$500,000  
Disease – Each Employee..... \$100,000

Public Liability and Property Damage (Comprehensive or Commercial Liability)

Each Occurrence ..... \$1,000,000  
General Aggregate (applying, in total each project) ..... \$2,000,000  
Products/Completed Operations Aggregate ..... \$2,000,000  
Fire/Property Damage ..... \$ 50,000  
Medical Payments ..... \$ 10,000

Automotive Liability

Combined Single Limit (per occurrence) ..... \$1,000,000  
Property Damage ..... \$ 50,000  
Design Liability Insurance (is required for Subcontractors who have specified design responsibility as part of their scope of work.)  
Aggregate ..... \$1,000,000

Excess Catastrophe Umbrella Policy

If the Subcontractor carries this type of policy, it shall be shown on the Certificate of Insurance form in the same manner as all other policies.

**SIGNATURE**

I declare that the foregoing is true and correct to the best of my knowledge and belief. I authorize Wright Construction Company to inquire, investigate and confirm the information provided.

\_\_\_\_\_  
Authorized Signing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title