



**ACC CONSTRUCTION CORPORATION
SUBCONTRACTOR PREQUALIFICATION FORM**

GENERAL INFORMATION

Company Name: _____ Union/Non Union or Both: _____

Address: _____ AIA Requisition Ability: ___ Yes ___ No

City: _____ State: _____ Zip Code: _____ Year Established: _____

Phone: _____ Fax: _____ Web: _____

Federal Tax ID #: _____ License #: _____

Primary Contact: _____

Phone: _____ Cell: _____

Email: _____

Estimating Contact: _____

Phone: _____ Cell: _____

Email: _____

Field Contact: _____

Phone: _____ Cell: _____

Email: _____

Accounting Contact: _____

Phone: _____ Cell: _____

Email: _____

If your business is minority certified, please circle the appropriate designation(s): WBE MBE

If other, please specify: _____

Certified with: _____

Please indicate the staffing levels for the following:

Executive _____ Field Personnel _____

Estimating _____ Project Mgrs _____

Administrative _____ Other _____



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FINANCIAL / INSURANCE INFORMATION

Total dollar (\$) value of work completed during the past two years: _____

Largest contract value (\$) to date: _____

Banking Institution: _____ Insurance Company: _____

Bonding Capacity: _____ Limit Per Project: _____

SAFETY

Does your firm have any pending judgments, claims or suits? _____

Has your firm been cited by OSHA in the last three years? _____

PLEASE LIST TWO SIGNIFICANT PROJECTS COMPLETED IN THE PAST TWO YEARS:

#1- Project Name: _____ Project Address: _____

Reference Name: _____ Reference Phone Number: _____

Project Manager: _____ GC or CM: _____

Owner (GC/CM) Name: _____ Owner (GC/CM) Phone Number: _____

Scope of Work: _____ Project Size: _____

Original Contract Value: _____ Final Contract Value: _____

Date Started: _____ Date Completed: _____

#2- Project Name: _____ Project Address: _____

Reference Name: _____ Reference Phone Number: _____

Project Manager: _____ GC or CM: _____

Owner (GC/CM) Name: _____ Owner (GC/CM) Phone Number: _____

Scope of Work: _____ Project Size: _____

Original Contract Value: _____ Final Contract Value: _____

Date Started: _____ Date Completed: _____



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CORE COMPETENCY

Main Construction Division:

- | | |
|---|---|
| <input type="checkbox"/> ACCESSORIES | <input type="checkbox"/> HOLLOW METAL |
| <input type="checkbox"/> ARCHITECTURAL WOODWORK | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> CARPET / VCT | <input type="checkbox"/> METAL / GLASS |
| <input type="checkbox"/> CERAMIC TILE / STONE | <input type="checkbox"/> PAINT / WALLCOVERING |
| <input type="checkbox"/> CONCRETE / MASONRY | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> SPRINKLER |
| <input type="checkbox"/> DRYWALL / CARPENTRY | <input type="checkbox"/> STRUCUTAL STEEL |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> WINDOW TREATMENTS |
| <input type="checkbox"/> EQUIPMENT | <input type="checkbox"/> OTHER (PLEASE SPECIFY) |

What percentage (%) of your company's work is normally subcontracted? _____

Indicate the size of project you are most competitive / competent in performing:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$25,000 | <input type="checkbox"/> \$75,000 - \$100,000 | <input type="checkbox"/> \$500,000 - \$750,000 |
| <input type="checkbox"/> \$25,000 - \$50,000 | <input type="checkbox"/> \$100,000 - \$250,000 | <input type="checkbox"/> \$750,000 - \$1,000,000 |
| <input type="checkbox"/> \$50,000 - \$75,000 | <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> \$1,000,000 + |

Check all the building types in which your company has worked:

- | | | |
|---|---|--|
| <input type="checkbox"/> Class A Office Building | <input type="checkbox"/> High Rise Office | <input type="checkbox"/> Industrial Buildings |
| <input type="checkbox"/> Class B Office Building | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Class C Office Building | <input type="checkbox"/> Hotels | <input type="checkbox"/> Retail Shopping Outlets |
| <input type="checkbox"/> Correctional Facilities | <input type="checkbox"/> Industrial Buildings | <input type="checkbox"/> Scholastic / Academic |
| <input type="checkbox"/> Data Centers | <input type="checkbox"/> Labs | <input type="checkbox"/> Sports / Entertainment |
| <input type="checkbox"/> Other (Please Specify) _____ | | |