



Thank you for your interest in working with **Duke Construction**. We ask that you complete the **Trade Contractor's Qualification Statement** (below) and fax it to the Preconstruction Director in the appropriate office(s).

Atlanta, GA
770.717.2428 FAX

Baltimore, MD
410.843.0990 FAX

Chicago, IL
847.232.5691 FAX

Cincinnati, OH
513.956.4505 FAX

Columbus, OH
614.932.6288 FAX

Dallas, TX
972.361.6800 FAX

Houston, TX
713.353.3299 FAX

Indianapolis, IN
317.808.6797 FAX

Minneapolis, MN
952.543.2975 FAX

Nashville, TN
615.884.2595 FAX

National Development
317.808.6702 FAX

Newport Beach, CA
949.224.8999 FAX

Orlando/Tampa, FL
407.241.0281 FAX

Phoenix, AZ
602.387.5001 FAX

Raleigh, NC
919.461.8090 FAX

South Florida
954.453.5695 FAX

St. Louis, MO
314.514.6993 FAX

Washington DC
703.578.9196 FAX

TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: _____ (attach list as needed)

State Unemployment Insurance Number: _____ (attach list as needed)

Federal ID Number: _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

Under what other name(s) has your Company operated?

How many people does your Company presently employ:

Home Office _____ Field Supervisory _____ Tradespeople _____

How many people did your Company employ on average for the last 3 years?

Home Office _____ Field Supervisory _____ Tradespeople _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes _____ No

If yes, please explain:

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____ Yes _____ No

If yes, please explain:

Is your Company or any of its owners, officers or major shareholders currently involved in any business related arbitration or litigation? _____ Yes _____ No

If yes, please explain:

TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.

List the geographical areas in which you work:

List Unions which you have agreements with:

<u>Local Number</u>	<u>Union Name</u>	<u>Agreement Expiration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all building types on which your Company has worked:

- | | | | |
|-------------------------------|-------|-------------------------------|-------|
| A. Commercial Office Building | _____ | F. Hospital | _____ |
| B. Medical Office Building | _____ | G. Residential | _____ |
| C. Industrial Bldg./Warehouse | _____ | H. High Tech/Laboratories | _____ |
| D. Hotels/Motels | _____ | I. Correctional Facilities | _____ |
| E. Retail | _____ | J. Design Build/Design Assist | _____ |

List the trades you normally perform with your own forces:

What percentage of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract?

What is the largest contract your Company has completed?

Amount: \$ _____ Year: _____ Project name and scope: _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol.	_____	Yr./Vol.	_____	Yr./Vol.	_____
Yr./Vol.	_____	Yr./Vol.	_____		

TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)

Attach a list of current and at least five (5) completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers).

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Duke Preconstruction Dept use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided: _____

Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration date: _____

Bonding :

Is your company bondable? _____ Yes _____ No

A. Name of Surety _____ Key Contact Person/Phone _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Date of Last Bond _____ Amount: \$

Bond Rate _____ %

C. Please list the persons or entities who provide indemnification to your Surety: _____

Insurance:

Please attach a copy of your certificate of insurance form. **Note that Duke requires \$1 Million Employer's Liability; \$3 Million of General Liability Insurance; and \$1 Million Automobile Liability.**

TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)

Safety:

Provide the following safety information for the past three (3) years:

	20__	20__	20__
Experience Modification factor (EMR)	_____	_____	_____
OSHA recordable incidents	_____	_____	_____
Lost workday cases	_____	_____	_____
Total lost workdays	_____	_____	_____
Total man-hours worked	_____	_____	_____
Number of OSHA citations	_____	_____	_____
Number of fatalities	_____	_____	_____

Do you have a qualified person responsible for safety within your Company: Yes No

Please describe his/her qualification: _____

Does this person do safety inspections on all your projects: Yes No Frequency _____

Do you have a written Company Safety Policy and Program and will you provide copies if requested: Yes No

Does your Company have a written substance abuse policy: Yes No

If Yes, please check which are included in the policy:

- Pre-hire/ Initial Employment _____
- Cause _____
- Post Accident/ Incident _____
- Random _____
- Periodic _____

Have you ever implemented 100% fall protection: Yes No

If requested, can you provide us with site-specific program addressing the fall hazards in your work? Yes No

Do you require documented safety meetings for your employees? Indicate which, and how often: Yes No

Field Supervisors:	_____	Yes	_____	No	Frequency	_____
New Hires:	_____	Yes	_____	No	Frequency	_____
Employees:	_____	Yes	_____	No	Frequency	_____
Subcontractor/Vendors:	_____	Yes	_____	No	Frequency	_____

Does your Company provide safety training for all employees: Yes No

If yes, please list training provided: _____

(Duke will require that at least one full time on-site person must have completed the 10 hour OSHA training.)

Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety: Yes No

Does your Company have a program recognizing your employees for safety performance excellence? Yes No

Does your Company have a disciplinary program in place for safety violations: Yes No

TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)

References:

List three (3) of your major suppliers:

A. Name: _____
Address: _____ Telephone: _____
Contact: _____

B. Name: _____
Address: _____ Telephone: _____
Contact: _____

C. Name: _____
Address: _____ Telephone: _____
Contact: _____

List three (3) General Contractors that you do business with:

A. Name: _____
Address: _____ Telephone: _____
Contact: _____

B. Name: _____
Address: _____ Telephone: _____
Contact: _____

C. Name: _____
Address: _____ Telephone: _____
Contact: _____

Personnel:

List key office personnel and field supervisors:

	<u>Name</u>	<u>Position</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

General Remarks:

TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Duke will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of Two Thousand and _____

Name of Company: _____

Completed by: _____

(Signature) (Must be an officer of the Company)

Printed Name: _____

Title: _____