

**JEFFREY M. BROWN ASSOCIATES, LLC.**  
**BUILDERS & CONSTRUCTION MANAGERS**  
**SUBCONTRACTOR PREQUALIFICATION STATEMENT**

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**1. Organization**

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

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

City/ State/ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Name of Primary Estimating Contact: \_\_\_\_\_

Corporation \_\_\_\_ Partnership \_\_\_\_ Individual \_\_\_\_ Joint Venture \_\_\_\_ Other \_\_\_\_

Does your business qualify as: DBE \_\_\_\_ MBE \_\_\_\_ SBE \_\_\_\_ WBE \_\_\_\_

Provide certification number (if applicable): \_\_\_\_\_

Number of years in business under present name: \_\_\_\_\_

Annual Dollar Volume for the past 3 years: year \_\_\_\_\_ \$ \_\_\_\_\_

year \_\_\_\_\_ \$ \_\_\_\_\_

year \_\_\_\_\_ \$ \_\_\_\_\_

Average Size of Project: Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

Number of Employees: Full-Time Company Employees \_\_\_\_\_

Field Personnel \_\_\_\_\_

Do you work:  Open Shop  Union  Both

**2. Expertise**

Type of Work You Perform (List CSI Codes): \_\_\_\_\_

Which items do you self-perform?: \_\_\_\_\_

Which items do you subcontract?: \_\_\_\_\_

Describe geographic locations of your normal work area:

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**3. Bonding**

Name, address, phone of Bonding Company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Limits of Bonding Capacity:

Single Project: \_\_\_\_\_ Aggregate: \_\_\_\_\_

**4. Insurance**

Insurance agent's name & phone number \_\_\_\_\_

Years in business with current insurance agency \_\_\_\_\_

Name of Liability Insurance Company \_\_\_\_\_

Workers Compensation Insurance Experience Modifier \_\_\_\_\_

(Provide a letter from your insurance broker verifying your Experience Modification Rating for the past 3 years).

Indicate current limits for the following (or forward a copy of your insurance certificate)

General Liability: \_\_\_\_\_ Auto Insurance: \_\_\_\_\_

Workmen's Compensation: \_\_\_\_\_ Excess Coverage-Umbrella: \_\_\_\_\_

**5. Safety**

Does your company have a safety program:       Yes       No

OSHA rating for the past 3 years: \_\_\_\_\_

**6. References**

List the name of project, owner, architect, and general contractor or construction manager reference with phone number, and contract amount of your last 5 major projects.

<b>Project Name / Location</b>	<b>Owner Name / Phone</b>	<b>Architect Name / Phone</b>	<b>GC/CM Name / Phone</b>	<b>Contract Amount</b>

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<b>Project Name / Location</b>	<b>Owner Name / Phone</b>	<b>Architect Name / Phone</b>	<b>GC/CM Name / Phone</b>	<b>Contract Amount</b>

List the Name of any past projects you've worked on for JMB ( Provide attachment, if necessary).

<b>Project Name/ Location</b>	<b>Contract Amount</b>

Provide a reference listing of at least 3 past clients and 3 current vendors/sub-subcontractors, including company name, address, telephone number and contact:

**CLIENT REFERENCES (please provide three):**

<b>Client Firm</b>	<b>Name / Title of Contact/Phone #</b>	<b>Address</b>

**VENDOR / SUBCONTRACTOR REFERENCES (please provide three):**

<b>Vendor / Subcontractor Firm</b>	<b>Name / Title of Contact/ Phone #</b>	<b>Address</b>

Provide a trade/union/business agent reference (if applicable):

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

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**7. Financial**

Financial Statement

- Attach a financial statement, preferably audited, including your organization's latest balance sheet, income statement, statement of net worth, cash flow statement, and footnotes.
- Attach a schedule of current worth of contracts in progress and the percentage complete.
- Name and address of firm preparing attached financial statement, and date thereof:  
  
\_\_\_\_\_
- Is the attached financial statement for the identical organization named on page one? \_\_\_\_\_
- If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidary)  
  
\_\_\_\_\_  
  
\_\_\_\_\_
- Will the organization whose financial statement is attached act as guarantor of the contract for construction? \_\_\_\_\_

**Please note that your firm must provide, as a minimum, an income statement and balance sheet. Any prequalification package without this documentation will be automatically rejected.**

**8. Scheduling**

Briefly describe your company's scheduling practices and which, if any, computer scheduling software you utilize:

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**9. Miscellaneous**

Please feel free to provide any additional information about your company as it relates to performance, references, etc.

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Please complete and return this form and any related documents (by fax or mail) to:

Jeffrey M. Brown Associates, LLC

2337 Philmont Avenue

Huntingdon Valley, PA 19006

TEL 215.938.5000

FAX 215.938.5005

I hereby certify that the above information is true and accurate

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

G:/Job Folders/JMB Forms/LLC Forms/LLC/Estimating/Subcontractor Prequal 12-27-07