**** PRE-QUALIFICATION QUESTIONNAIRE

Thank you for your interest in Jordon Construction Company (JCC). To better understand the capabilities of your firm and best match you with future JCC opportunities, please complete the form below and email (form and any attachments) to [linda@jordoncompanies.com](mailto:linda@jordoncompanies.com) or fax to (864) 715-3052. **If all information is not provided, this will significantly delay approval or your prequalification could be rejected.** Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner or due to the type of work to be performed.

**Section I: Business Information**

Legal Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be an Officer, Manager or Principal)

Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Line/Cell: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

**Section II: Company Information**

1. What type of company are you? \_\_ Subcontractor \_\_ Supplier \_\_ Engineer \_\_Architect \_\_ Vendor \_\_ Other
2. Year Company Established: \_\_\_\_ Type of Company: \_\_ Corporation \_\_Partnership \_\_Proprietorship \_\_Sub S Corp \_\_ LLC
3. Is your company a small business concern, as defined by the Federal Government? \_\_Yes \_\_ No

If yes, do you also fall under any of the following socioeconomic classifications? \_\_ Yes \_\_ No

\_\_ Small Disadvantaged Business \_\_ Historically Black Colleges & Universities \_\_ Veteran Owned

\_\_ Women Owned \_\_ HubZone \_\_ Service Disabled Veteran Owned

\_\_ Alaska Native Corporations/Indian Tribes that have not been certified by the SBA as a Small Disadvantaged Business

\_\_ Alaska Native Corporations/Indian Tribes that are not small business

1. Is your company classified as one of the disadvantaged businesses listed below: \_\_ Yes \_\_ No

\_\_ Women Business Enterprise \_\_ Minority Business Enterprise \_\_ Disadvantaged Business Enterprise

If yes, what organization are you certified by?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current Number of Employees: \_\_ 1-15 \_\_ 16-50 \_\_ 51-100 \_\_ 101-200 \_\_ 201-500 \_\_ More than 501
2. Current Expected Volume: \_\_ Under $250,000 \_\_ $250,001-$500,000 \_\_$500,001-$1,000,000 \_\_More than $1,000,000

Annual Volume for 2017 \_\_ Under $250,000 \_\_ $250,001-$500,000 \_\_$500,001-$1,000,000 \_\_More than $1,000,000

Annual Volume for 2016 \_\_ Under $250,000 \_\_ $250,001-$500,000 \_\_$500,001-$1,000,000 \_\_More than $1,000,000

Annual Volume for 2015 \_\_ Under $250,000 \_\_ $250,001-$500,000 \_\_$500,001-$1,000,000 \_\_More than $1,000,000

1. Indicate largest dollar volume contract completed to date. Amount: $\_\_\_\_\_\_\_ Year: \_\_\_\_ Project Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your firm operate as a Union Shop? \_\_Yes \_\_ No Merit Shop? \_\_Yes \_\_ No
2. Indicate the states in which you perform work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you hold a Contractor’s license, please list the state(s), license number(s), expiration date(s) and other qualifications.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Check all building types on which your Company has worked:

\_\_ Casinos \_\_ Education \_\_ Manufacturing \_\_ Retail

\_\_ Condominiums \_\_ Financial Buildings \_\_ Military \_\_ Sports/Athletic Facilities

\_\_ Convention Centers/Coliseums \_\_ Government/Municipal \_\_ Museums \_\_ Infrastructure and Heavy

\_\_ Correctional Facilities \_\_ Hotels \_\_ Office Buildings \_\_ Healthcare

\_\_ Industrial \_\_ Residential

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1. Indicate the range in which you are most competitive and capable of performing.

\_\_ Under $100,000 \_\_ $200,001 - $500,000 \_\_ $1,000,001 - $2,000,000

\_\_ $100,001 - $200,000 \_\_ $$500,001 - $1,000,000 \_\_ Over $2,000,000

1. List which trade(s) your company specializes in:

\_\_ Access Flooring \_\_ Equipment \_\_ Metal Wall Finish \_\_ Skylights

\_\_ Agitators & Mixers \_\_ Equipment Screens \_\_ Movable Partitions \_\_ Special Doors

\_\_ Aluminum Windows & \_\_ Expansion Joint Assemblies \_\_ Ornamental Railings \_\_ Special Flooring

Storefront Systems \_\_ Fans & Blowers \_\_ Overhead Doors \_\_ Special Rooms

\_\_ Ash Handling \_\_ Feeders \_\_ Painting & Wall Cover \_\_ Spray Fireproofing

\_\_ Asphalt Paving \_\_ Fencing & Gates \_\_ Parking Equipment \_\_ Stage Equipment

\_\_ Awnings \_\_ Filters \_\_ Pavement Markings \_\_ Steel Stairs

\_\_ Bag Houses \_\_ Finish Carpentry & Millwork \_\_ Phone, Data & Cable \_\_ Stone Tops

\_\_ Bulk Material \_\_ Fire Alarm \_\_ Piers \_\_ Structural Steel

\_\_ Carpeting & Resilient Flooring \_\_ Fire Extinguishers & Cabinets \_\_ Pipe Fabrication \_\_ Stucco & EIFS

\_\_ Chain Link Partitions \_\_ Fire Protection \_\_ Pipe Installation \_\_ Termite Control

\_\_ Chutes \_\_ Firestopping \_\_ Plumbing \_\_ Terrazzo

\_\_ Concrete Formwork \_\_ Flagpoles \_\_ Pools & Spas \_\_ Tile

\_\_ Concrete Reinforcing \_\_ Food Service Equipment \_\_ Postal Specialties \_\_ Toilet Accessories

\_\_ Concrete Turnkey \_\_ Garage Equipment \_\_ Precast Concrete \_\_ Toilet Compartments &

\_\_ Conveyors & Belting \_\_ Generators \_\_ Precipitators Accessories

\_\_ Cranes & Hoists \_\_ Gymnasium Equipment \_\_ Pre-Engineered Bldgs \_\_ Traffic Coatings

\_\_ Crushes & Pulverizes \_\_ HVAC \_\_ Projection Screens \_\_ Turbines

\_\_ Cubicle Curtains & Tracks \_\_ Handling \_\_ Ready Mix Supplier \_\_ Wall & Corner Guards

\_\_ Custom Cabinets \_\_ Insulation \_\_ Residential Appliances \_\_ Walkways & Covers

\_\_ Dampeners \_\_ Lab/Classroom Casework & \_\_ Roof Accessories \_\_ Water Treatment

\_\_ Demolition Equipment \_\_ Roofing \_\_ Waterproofing & Sealant

\_\_ Detention Equipment \_\_ Landscaping & Irrigation \_\_ Rough Carpentry \_\_ Window Treatment

\_\_ Dock Equipment \_\_ Laundry Equipment \_\_ Seating \_\_ Wire Shelving

\_\_ Doors, Frames & Hardware \_\_ Light Gage Framing Systems \_\_ Security Systems \_\_ Wood & Vinyl Windows

\_\_ Dryers \_\_ Lockers & Benches \_\_ Separators \_\_ Wood Flooring

\_\_ Drywall & Acoustical Tile \_\_ Louvers & Vents \_\_ Signage \_\_ Wood Framing

\_\_ Dust Collectors \_\_ Masonry \_\_ Silencers \_\_ Vacuum Packages

\_\_ Earthwork \_\_ Mechanical Turnkey \_\_ Site Concrete \_\_ Visual Display Boards

\_\_ Electrical \_\_ Medical/Dental Casework \_\_ Site Retaining Walls \_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Elevators \_\_ Medical/Dental Equipment \_\_ Site Utilities \_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Insurance Information**

1. Who is your Insurance carrier? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Indicate the type of Insurance you have:

\_\_ Commercial General Liability \_\_ Workers Compensation and Employer’s Liability \_\_ Professional Liability

\_\_ Excess Liability \_\_ Automobile Liability \_\_ Pollution

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**Section IV: Safety Information 2019 2018 2017**

1. Indicate EMR Rates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Recordable Incident Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

1. Indicate if you have any OSHA 30 Certified Employees? \_\_ Yes \_\_ No If yes, how many? \_\_\_\_
2. Do you have a written Company Safety Policy and Program? \_\_ Yes \_\_ No If yes, will you provide it if requested? \_\_Yes \_\_ No
3. Have you had any fatalities in the past five years? \_\_ Yes \_\_ No If yes, how many fatalities and please explain: \_\_\_\_

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

**Section V: Financial Information**

1. Name of your Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Dun & Bradstreet Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dun & Bradstreet Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you utilize a bonding company? \_\_ Yes \_\_ No If yes, indicate bonding capacity: Per Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aggregate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section VI: Legal Information**

1. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have any of the owners, officers or major stockholders of your company even been indicted or convicted of any felony or other criminal conduct? \_\_ Yes \_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has your company ever been precluded from pursuing public work or ever been found to be a non-responsive by a public agency? \_\_ Yes \_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section VII: References and Additional Information**

1. List three references from jobs you’ve previously worked on. These references may be contacted.

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any additional information that you feel will help us determine your firm’s qualifications and expertise. If available, please attach an updated copy of your firm’s AIA A305 Document.

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 Jordon Construction (JCC) 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.

Pre-Qualification Questionnaire was completed by:

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

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

(Must be an Officer, Manager or Principal) REV7.2020