



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 it with any attachments to info@jcccontractors.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: General Information

Legal Company Name: _____ Primary Contact: _____
 Federal Tax ID Number: _____ (Must be an Officer, Manager or Principal)
 DUNS Number: _____ CAGE Code: _____
 Phone: () _____ Direct Line/Cell: () _____ Fax: () _____
 Email: _____ Website: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Section II: Company Information

- What type of company are you? Subcontractor Supplier Engineer Architect Vendor Other
- Year Company Established: _____ Type of Company: Corporation Partnership Proprietorship Sub S Corp LLC
- 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
- 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? _____
- Current Number of Employees: 1-15 16-50 51-100 101-200 201-500 More than 501
- Current Year Expected Volume: _____ Annual Volume for 2020: _____
 Annual Volume for 2019: _____ Annual Volume for 2018: _____
- Indicate largest dollar volume contract completed to date. Amount: \$ _____ Year: _____
 Project Name: _____
 Description of Scope: _____
- Does your firm operate as a Union Shop? Yes No
- Indicate the states in which you perform work: _____
- If you hold a Contractor's license, please list the state(s), license number(s), expiration date(s) and other qualifications.
 A. _____
 B. _____
 C. _____
- 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
- 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



13. List major construction projects your organization currently has in progress:

Project Name / Location	General Contractor	GC Contact Name & Ph#	Contract Amount	% Complete	Scheduled Completion Date

14. Provide backlog value (remaining to be billed) as of the date of the completion of this form: \$ _____

15. List which NAICS and/or PSC/FSC Codes your company specializes in:

*****Please attach a complete copy of the last two audited fiscal year-end financial statements*****

Section III: Insurance Information

16. Who is your Insurance carrier? _____
 Name of Contact: _____
 Phone Number: (____) _____

17. Indicate the type of Insurance you have:
 Commercial General Liability Workers Compensation and Employer’s Liability Professional Liability
 Excess Liability Automobile Liability Pollution

*****Please attach a copy of a current COI*****

Section IV: Safety Information **2021** **2020** **2019**

18. Indicate EMR Rates:
 Recordable Incident Rate: _____ _____ _____

19. Indicate if you have any OSHA 30 Certified Employees? Yes No If yes, how many? _____

20. Do you have a written Company Safety Policy and Program? Yes No If yes, will you provide it if requested? Yes No

21. Have you had any fatalities in the past five years? Yes No If yes, how many fatalities and please explain: _____

Section V: Banking & Bonding Information

22. Name of your Bank: _____
 Name of Contact: _____ Phone Number: (____) _____

23. Dun & Bradstreet Number: _____ Dun & Bradstreet Rating: _____

24. Do you utilize a bonding company? Yes No If yes, indicate bonding capacity: Per Job _____
 Current P&P Bond Rate: _____% Aggregate _____
 Surety Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____

*****Please attach a copy of a current Bonding Letter including capacity & current outstanding*****



Section VI: Legal Information

- 25. 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: _____
- 26. 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: _____
- 27. 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

- 28. List three project 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: (____) _____

- 29. Please attach any additional information that you feel will help us determine your firm's qualifications and expertise.

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 Jordan Construction Company (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)