

MORRISSEY

CONSTRUCTION COMPANY

705 Southmoor Place • P.O. Box 189 • Godfrey, Illinois 62035 • (618) 466-3112

Fax: (618) 466-9284

www.morrisseyconstruction.com

Subcontractor Prequalification Form

Business Information

Company Name		Address	
City/State/Zip		Telephone Number () -	Fax Number () -
Primary Contact/Title		Telephone Number () -	Fax number () -
E-Mail		Other Contact Info	
Type of Company <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Other		Years in Business under Current Company Name	
Date Established	Previous Company Name		Date Established
Employer Identification Number	Labor Affiliation <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		Design/Build Experience <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Individual			

Services

Please list the categories or CSI sections of work your company performs
Geographic Area and Limitations
Typical Project Size <input type="checkbox"/> \$250,000 or below <input type="checkbox"/> \$251,000 - \$499,000 <input type="checkbox"/> \$500,000 - \$999,000 <input type="checkbox"/> \$1,000,000 or more
Types of Projects <input type="checkbox"/> Educational <input type="checkbox"/> Multi-Family <input type="checkbox"/> Healthcare <input type="checkbox"/> Industrial <input type="checkbox"/> Retail <input type="checkbox"/> Single Family Homes <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other

Business Classification

Is this company a disadvantaged business enterprise? Yes No
 Type: Minority Owned Woman Owned HubZone Veteran Owned Small Business Section 3
 Other Other Other

Please list the agencies certifying you for each category and the expiration date of your certification.

Minority Type (If Minority): _____

Expiration: _____

Expiration: _____

Expiration: _____

Financial Information

Name of Bank		Address	
City/State/Zip		Telephone Number () -	Fax Number () -
Contact		Amount of Line of Credit	
Company Dunn and Bradstreet Number			

Bonding Information

Bonding Company		Address	
City/State/Zip		Telephone Number () -	Fax Number () -
Contact		Bonding Company A.M. Best Rating	
Bonding Capacity	Largest Bonded Project	Current Volume of Bonded Work	

Legal Information

Is your company or any of its owners or officers currently involved in any litigation, mediation, arbitration or prosecution or defense of formal claims in connection with any contract, or been asked to post collateral against a loss?

Yes No

If Yes, please provide a detailed explanation below:

Has your company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete on a contract, or been asked to post collateral against a loss?

Yes No

If Yes, please provide a detailed explanation below:

Safety

Please list your company's Interstate Experience Rating Modifier (EMR) for the past 3 years.

20__ - EMR = _____ 20__ - EMR = _____ 20__ - EMR = _____

Has your company received an OSHA citation within the past 3 years? Yes No

If yes, please list the number of citations in the last three years and describe below.

Does your company have a written safety plan? Yes No

Does your company comply with the Drug Free Work Act? Yes No

Project References (Please list 3 reference projects)

Project Name		Project Location	Client/Owner
Architect/Engineer	Contract Amount		(Planned) Completion Date
General Contractor	General Contractor Contact Person		Telephone Number () -
Please describe work performed:			
Project Name		Project Location	Client/Owner
Architect/Engineer	Contract Amount		(Planned) Completion Date
General Contractor	General Contractor Contact Person		Telephone Number () -

Please describe work performed:		
Project Name	Project Location	Client/Owner
Architect/Engineer	Contract Amount	(Planned) Completion Date
General Contractor	General Contractor Contact Person	Telephone Number () -
Please describe work performed:		

Morrissey Construction Company Project References

Has your company performed work for Morrissey Construction Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list up to 3 of these projects below.
1. _____
2. _____
3. _____

Sub-Subcontractor / Supplier References (Please list 3 of your major sub-subcontractors/suppliers)

Sub-subcontractor/Supplier Name	Contact	Telephone Number () -
Sub-subcontractor/Supplier Name	Contact	Telephone Number () -
Sub-subcontractor/Supplier Name	Contact	Telephone Number () -

Bank References

Name of Bank	Contact	Telephone Number () -
Name of Bank	Contact	Telephone Number () -
Name of Bank	Contact	Telephone Number () -

Required Attachments

<p>Please provide copies of the following:</p> <ol style="list-style-type: none"> 1. OSHA 300 logs for the most recent three years and current year to date. 2. Verification of EMR from your insurance carrier. 3. Complete written Safety Program. 4. Your latest Financial Statement. 5. Blanket Certificate of Insurance naming Morrissey Construction Company as the Insured.

I hereby certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading.

Completed By: _____

Signature: _____

Title: _____

Date: _____

Please email, fax, or mail this and other requirements to:

Morrissey Construction Company

Attn: Ryan Morrissey

705 Southmoor Place

Godfrey, IL 62035

Fax: (618) 466-9284

Email: ryanmorrissey@morrisseyconstruction.com