

# PIONEER CONSTRUCTION GENERAL PRE-QUALIFICATION FORM

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NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_

WORK CATEGORY: \_\_\_\_\_

TYPE OF BUSINESS ORGANIZATION: Individual\_\_\_ Partnership\_\_\_ Corporation\_\_\_ Other\_\_\_

LIST PRINCIPALS AND OFFICERS: \_\_\_\_\_  
\_\_\_\_\_

LIST HOW MANY IN-HOUSE (NOT SUBCONTRACTED) PERSONNEL IN YOUR COMPANY:

Administrative\_\_\_\_\_ Estimators\_\_\_\_\_ Project Managers\_\_\_\_\_ Crew Leaders\_\_\_\_\_

Field Staff\_\_\_\_\_ TOTAL\_\_\_\_\_

PREVIOUS YEAR'S SALES VOLUME: \$ \_\_\_\_\_

AVERAGE SALES VOLUME FOR PAST 5 YEARS: \$ \_\_\_\_\_

COMPANY NET WORTH: \$ \_\_\_\_\_

CURRENT WORKLOAD:

Projects in procurement phase (Number and \$ Volume): \_\_\_\_\_

Projects in construction (Number and \$ Volume): \_\_\_\_\_

BONDING CAPACITY FOR SINGLE PROJECT: \$ \_\_\_\_\_

DOES YOUR COMPANY HAVE MBE/WBE/DBE CERTIFICATION? \_\_\_\_\_

CURRENT LABOR UNION AFFILIATION: \_\_\_\_\_

EXPERIENCE MODIFICATION RATIO (MOST RECENT 3 YEARS): \_\_\_\_\_

LOST DAY INCIDENT RATE (MOST RECENT 3 YEARS): \_\_\_\_\_

RECORDABLE INCIDENT RATE (MOST RECENT 3 YEARS): \_\_\_\_\_

NUMBER OF MIOSHA/OSHA CITATIONS RECEIVED IN THE PAST 3 YEARS: \_\_\_\_\_

# OF SERIOUS \_\_\_\_\_

# OF WILLFULL \_\_\_\_\_

TOTAL MONETARY PENALTIES: \$ \_\_\_\_\_

INCLUDE ON-SITE PERSONNEL SAFETY RESUMES.

LIST YOUR SPECIFIC TRADE(S): \_\_\_\_\_

LIST MAJOR PROJECTS COMPLETED IN THE PAST 5 YEARS (INCLUDE \$ VALUE AND CM):

LIST ANY LEED PROJECTS YOU HAVE COMPLETED: \_\_\_\_\_

LIST AT LEAST 3 REFERENCES: \_\_\_\_\_

Please fax completed form to Krista Walenga at 616-475-8963.