

C.F. JONES GROUP INC.
SUBCONTRACTOR PRE-QUALIFICATION FORM

As part of our evaluation of potential bidder, we request the following information:
(Once completed please fax to 765-482-4152. Questions may be directed to Lisa Vanderpool at 765-482-4117.)
Please note: fully completed form is required for consideration.

COMPANY INFO:

Company's legal name: _____

Address _____ Is this a residential address? Yes No

Phone# _____ Fax# _____

Contact Person: _____

Name / Title

E-Mail address: _____ # of employees _____

Major Type of Work you perform: _____

circle one: Corporation Partnership Sole Proprietor

Is this company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), Union or any other type of certified business enterprise? Circle all that apply.

Certifying Agency: _____

Fed ID# _____ or S.S.# _____

Owners of major stockholders _____

Date the firm was organized in its present form _____ D & B# _____

Have you been in business under any other name in past five years? Yes No

Name of business: _____ & explanation on separate paper

Is the firm now or has ever been involved in bankruptcy proceedings? Yes No (If Yes, explain on separate paper.)

Are there any pending or outstanding judgments, claims or suits? Yes No (If Yes, explain on separate paper.)

FINANCIAL INFORMATION:

Does the company have a line of credit from any lending institution? Yes No

If yes, give details: _____

Lender's name/address lending officer's name/phone #: _____

Do you have payment & performance bond capacity? Yes No

Single project limit: _____ Aggregate limit: _____

Bonding company name/address: _____

Bonding agent name, address and phone #: _____

REFERENCES:

Bank reference: _____

Name of contact: _____ P# _____

Supplier references:

Name	Address	Phone#	Acct#
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

General Contractor References:

Name	Phone#	Project	Value
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Job History: please list the 3 largest jobs in the past 3 years

Project name/General Contractor	Contact/Phone#	Contract Value
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Have you ever failed to complete a job or received a notice of default or delay? Yes No

If yes, please explain: _____

INSURANCE & SAFETY:

Insurance agent name: _____

Company _____ Phone# _____

Please list coverage:

\$ _____ Workers comp. \$ _____ General liability, each occurrence
 \$ _____ Auto \$ _____ Other (installation floater, umbrella, etc.)

Experience modifier for last 3 years: Current _____ Last year _____ two years ago _____

Do you have a safety program in place? Yes No

Have you received an OSHA citation in the last 3 years under any business you've operated under?

Yes No If yes, explain: _____

I certify that all the above information is true and correct and hereby authorize C.F. Jones Group Inc. to perform a background check on my company to include a credit check with the supplier, job and contractor references listed above.

Signature of owner _____

Date _____