**Grand Contracting LLC**

802 East 86th Street 

Indianapolis, IN 46240

Phone: 317-552-2300

www.grandcontracting.net

**Vendor Prequalification \_\_\_\_\_\_\_**

*Prequalification form will NOT be accepted unless completed in its entirety. Attach additional information on additional sheets if needed.*

**Company Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Legal Business Name | | | Date | | |
| Project, if applicable | | |
| Physical Address | | | Billing Address | | |
| City | St | Zip | City | St | Zip |
| Company Website Address | | Years in Business (Current name) | | # of Emp. | Fed Tax ID # |
| Telephone # | | Toll Free # | | Fax # | |

**Type of Business Labor Design/Build Is Professional**

**Business Type Affiliation Capabilities Staff**

Subcontractor Corporation Union Yes Internal

Supplier Sole Proprietor Open Shop No External

GC Partnership

LLC/LLP

Sub Chapter S Corp

Other \_\_\_\_\_\_\_\_\_\_\_

**Company Certifications, if appropriate** MBE WBE DBE VOSB SBE JSEB Other

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency Certified** | **City** | **State** | **Federal** | **DOT** | **Other** |
| (list) |  |  |  |  |  |
|  |  |  |  |  |  |

**List the corporate officers, partners, or proprietors of your firm:** *(if additional space is needed, use separate sheet & attach)*

|  |  |  |
| --- | --- | --- |
| Name | Title | % Ownership |
| Name | Title | % Ownership |
| Name | Title | % Ownership |
| Name | Title | % Ownership |

Have any of the above officers ever done business with Grand Contracting, LLC or Grand Industrial, LLC? *If yes, explain on a separate sheet and attach to this form.* Yes No

* Has the Company filed for any bankruptcies, reorganizations, or had any involuntary

petition for bankruptcy filed against the Company or its affiliates, or has the Company

otherwise sought relief from creditors under any similar lawsuits? *If yes, explain*

*on a separate sheet and attach to this form.* Yes No

* Have you failed to complete awarded work or been terminated for cause?

*If yes, explain on a separate sheet and attach to this form.* Yes No

* Do you have any judgments, claims, arbitrations, suits, or liens currently against your

organization? *If yes, explain on a separate sheet and attach to this form.* Yes No



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal contact Name** | **Contact Title** | **Telephone Number** | **Cellular Phone Number** | **Email address** |
|  |  | -     - | -     - |  |
|  |  | -     - | -     - |  |
|  |  | -     - | -     - |  |



**List data for the three most recently completed fiscal years**.

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Max. Contract Value Completed  $ | Annual Company Revenue  $ | Current Yr Backlog  $ |
| Year | Max. Contract Value Completed  $ | Annual Company Revenue  $ | Current Yr Backlog  $ |
| Year | Max. Contract Value Completed  $ | Annual Company Revenue  $ | Current Yr Backlog  $ |
| Average Size Project | $ |  |  |

Select the geographical areas from the listing below where your company is properly licensed and will provide quotes for work. *If only a portion of an area, please describe on separate sheet.*

All U. S. DE IA MI ND OR UT

AL FL KS MN NH PA VT

AK GA KY MS NJ RI VA

AR HI LA MO NM SC WA

AZ ID ME MT NV SD WV

CA IL MD NC NY TN WI

CO IN MA NE OH TX WY

CT OK

**List License Numbers of jurisdictions in which your company is legally qualified to work**. (*List additional numbers on separate sheet*.)

**State License Number Expiration**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**List your Experience Modification Rate (EMR) for the last three years and provide OSHA statistics.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **EMR** | **Number of recordable Incidents** | **Number of lost time accidents** | **Number of man hours worked** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* Do you have a written Safety Program? Yes No
* Does your company have a return to work policy? Yes No
* Does your company have a mandatory substance abuse policy? Yes No
* Do your employees receive safety orientation prior to

performing any work activities? Yes No

* Do you require at least 10 hours OSHA training for all supervisors? Yes No
* Do you conduct and document post-accident investigations? Yes No
* Do you have a Safety Director or other safety professional(s) on your staff Yes No

**Contact Name** **Phone Number** **Email Address**

|  |  |  |
| --- | --- | --- |
|  |  |  |

* Has your company or any of its affiliates experienced a fatality? Yes No

**Insurance and Bonding**

Do you currently carry, or can you obtain the following insurance coverage? (*see attached sample certificate*)

* Worker’s Compensation $500,000 or Statutory Minimum per project location? Yes No
* General Liability Minimum $2,000,000 aggregate Yes No
* Automobile Liability Minimum $1,000,000 Yes No
* Excess Umbrella Minimum $3,000,000 aggregate Yes No

|  |  |  |
| --- | --- | --- |
| Insurance Company | Insurance Agent | Agent Telephone Number |
| Bonding Company | Bonding Company Contact | Bonding Contact Telephone # |
| AM Best Rating | Total Bonding Capacity  $ | Current Available Bonding Capacity  $ |

Do you carry Errors & Omission insurance for design work? Yes No N/A



|  |  |  |
| --- | --- | --- |
| Project Name | Project Location (city, state)       , | Completion Date (MM/YY)       / |
| Your Firm’s Approximate Contract Amount  $ | Project General Contractor | Gen Contractor/Owner Name & Phone #             -     - |
| Project Name | Project Location (city, state)       , | Completion Date (MM/YY)       / |
| **Briefly describe work performed by your firm:** |  |  |
| Your Firm’s Approximate Contract Amount  $ | Project General Contractor | Gen Contractor/Owner Name & Phone #             -     - |
| **Briefly describe work performed by your firm:** | | |
| Project Name | Project Location (city, state)       , | Completion Date (MM/YY)       / |
| Your Firm’s Approximate Contract Amount  $ | Project General Contractor | Gen Contractor/Owner Name & Phone #             -     - |
| Briefly describe work performed by your firm: | | |

**Major Supplier References (*list three current supplier references*)**

|  |  |
| --- | --- |
| **Company Name** | Address |
| Contact | Phone       -     - |
| **Company Name** | Address |
| Contact | Phone       -     - |
| **Company Name** | Address |
| Contact | Phone       -     - |

**Bank References (*list three financial references*)**

|  |  |  |
| --- | --- | --- |
| Financial Institution | Address (*city, state, zip code*)       ,     ,     , | |
| Contact | Phone       -     - | Established line of credit?  Yes No |
| Financial Institution | Address (*city, state, zip code*)       ,     ,     , | |
| Contact | Phone       -     - | Established line of credit?  Yes No |
| Financial Institution | Address (*city, state, zip code*)       ,     ,     , | |
| Contact | Phone       -     - | Established line of credit?  Yes  No |

**Scope of Work Section (*scopes of work that your company performs. Check all that apply*.*)***

**Site Construction**

Site Demolition Work

Concrete Saw-cut/Core Drilling

Hazard, Material Remedial/Abatement

Erosion/Sedimentation Control

Lime Stabilization

Dewatering

Tree Trimming/Cutting/Removal

Earthwork & Excavating

Rock Removal/Drilling/Blasting

Soil Termite Treatment

Piles/ Caissons/ Gabions

Shoring & Underpinning

Asphalt Paving & Striping

Water Wells & Well Drilling

Fuel & Stream Distribution

Site Utility Work

Site Utility Equipment & Material

Ponds, Fountains & Reservoirs

Walk/Rd/Parking Appurtenances

Fences & Gates

Unit Pavers/Retaining Walls

Landscaping & Seeding

Lawn Irrigation Systems

Lawn Maintenance Services

Other

**Concrete**

Concrete Accessories

Concrete Lifting

Concrete Formwork

Concrete Reinforcement

Shotcrete

Gunite & Epoxy Ejection

Post-Tensioned Concrete

Structural Precast Concrete

Architectural Precast Concrete

Precast Thin Brick/Cone Panels

Precast Parking Structures

Precast Plans

Precast Erection

Cementitious Decks & Toppings

Decorative Concrete Finishes

Floor Hardeners & Sealing

Concrete Restoration/Cleaning

Other

**Masonry**

Masonry Insulation Systems

Masonry Reinforcing

Glass Masonry Units

Stone & Granite

Refractory – Fire Brick

Simulated Masonry

Masonry Assemblies

Masonry Waterproofing/Sealing

Masonry Restoration and Cleaning

Other

**Metals**

Structural Steel & Aluminum

Metal Fasteners & Accessories

Metal Coatings

Steel Erection

Metal Joists

Metal Decking

Cold – Formed Metal Framing

Misc Metals Fabrications

Metal Stairs & Ladders

Handrails & Railings

Column Covers

Gratings & Floor Plates

Mezzanines

Sheet Metal Fabrications

Ornamental Metals

Expansion Joint Assemblies

Metal Restoration & Cleaning

Other

**Wood and Plastics**

Lumber Material

Fasteners/Adhesives & Hardware

Rough Carpentry

Finish Carpentry

Heavy Timber Construction

Pole Buildings

Wood Trusses

Wood Hybrid Roof Framing Systems

Glue-Laminated Construction

Architectural Woodwork/Millwork

Wood Stairs

Manufactured Columns/Moldings

Plastic Fabricators

Solid Surface/Cultured Marble

Wood & Plastic Rest. & Cleaning

Other

**Thermal and Moist Protection**

Waterproofing

Damp Proofing

Water Repellents

Building Insulation/Vapor Retarder

Pre Eng. Building Insulation

Foamed-In-Place Insulation

E.I.F.S.

Sprayed-On Fireproofing

Shingles & Roof Tiles

Manufactured Roofing/Siding Panels

Siding & Soffit Systems

Membrane & Build-Up Roofing

Traffic Coatings

Flashing, Sheet Metal

Roof Specialties & Accessories

Roof Hatches & Smoke Vents

Roof Pavers & Roof Walkways

Fire Stopping

Joint Sealers & Caulking

Other

**Doors and Windows**

Metal Doors & Frames

Wood & Plastic Doors

Doors/Hardware Installation

Specialty Doors

Sectional Overhead Doors

Entrances and Storefronts

Automatic Entrance Door

Metal Windows

Security Windows & Screens

Skylights

Door & Window Hardware

Glass, Glazing & Mirrors

Glazed Curtain Walls

Other

**Finishes**

Non-Load Bearing Wall Framing

Lath & Plaster

Gypsum Board

Tile

Terrazzo

Stone Facing

Acoustical Ceilings

Metal Ceiling Systems

Wood Flooring

Stone Flooring

**Finishes cont.**

Unit Masonry Flooring

Fluid Applied Flooring

Resilient Flooring

Carpet

Flooring Material Suppliers

Epoxy & Special Floor Coatings

Acoustical Treatment/Sound Panels

Painting

Wall Coverings

Other

**Specialties**

Visual Display Boards

Toilet Partition/Urinal Screen

Cubicle Curtains & Track

Louvers & Vents

Grilles & Screens

Wall and Corner Guards

Access Flooring

Pest & Animal Control Devices

Manufactured Exterior Specialties

Flagpoles

Exterior Signage

Interior Signage

Lockers

Fire Extinguishers and Cabinets

Awnings/Protected Walk Covers

Postal Specialties

Wire Mesh Partitions

Demountable Partitions

Operable Partitions

Storage Shelving

Telephone Specialties

Miscellaneous Specialties

Other

**Equipment**

Vacuum Cleaning Systems

Library Equipment

Theatre and Stage Equipment

Vending Equipment

Audio-Visual Projection Screen Equipment

Vehicle Service Equipment

Parking Control Equipment

Loading Dock Equipment

Solid Waste Handling Equipment

Detention Equipment

Water Supply & Treatment Equipment

Hydraulic Gates & Valves

Fluid Waste Treat/Disposal Equipment

Unit Kitchens

Specialty Equipment

Industrial and Process Equipment

Laboratory Equipment

Medical Equipment

Exhibit Equipment

Other

**Furnishings**

Manufactured Casework

Window Treatment & Blinds

Miscellaneous Furnishings

Other

**Special Construction**

Special Purpose Rooms

Cold Storage Rooms/Facilities

Sound/Vibration/Seismic Control

Lighting Protection

Pre-engineered Structures

Pre-engineered Metal Building System

Pre-engineered Metal Building Erectors

Swimming Pools/Hot Tubs/Saunas

Liquid Gas Storage Tanks

Security Access and Surveillance

Building Automation & Control

Detection & Alarm

Fire Suppression

Other

**Conveying Systems**

Elevators

Escalators & Moving Walks

Material Handling System/Conveyors

Pneumatic Tube System

Overhead Hoists & Cranes

Miscellaneous Conveying Systems

Other

**Mechanical**

Fire Protection

Plumbing

Refrigeration

Medical Gas Equipment & Piping

HVAC Material & Equipment

Other

**Mechanical**

Fire Protection

Plumbing

Refrigeration

Medical Gas Equipment & Piping

HVAC

HVAC Material & Equipment

Radiant Heating Systems

HVAC Instrumentation & Controls

Other

**Consultants**

Geotechnical Consultants

Landscaping Consultants

Architectural Consultants

Engineering/Structural Consultants

Other

**Electrical**

Electrical Service/Power Distribution

Lighting Suppliers

Medical/Surgical Lighting

Sound & Communication

Security/Surveillance Systems

Fire Alarm Systems

Other



* Your prequalification status cannot be determined until the Vendor Prequalification form is accurately completed. You will be notified of your Preliminary Prequalification status upon review of the above information.
* Prior to signing any Agreement of Services, insurance certificates per the Agreement, a letter from your surety company, any necessary financial statements shall be provided in order to obtain a final per project qualification status.
* Grand Contracting, LLC. reserves the right to request additional information prior to Agreement Execution.

**Completed by Authorized Representative:**

**Confidentiality Note**: The information supplied by the undersigned in this document is intended only for the use of Grand Contracting, LLC.

*The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.*

Information Supplied by:

Print Name Title

Signature Date

*Information provided is valid for one year. Please notify Grand Contracting, LLC of any changes to the information submitted. You will be required to re-submit certain information annually to maintain your certification.*