

BLUE & ASSOCIATES, INC.

Bidder/Subcontractor Prequalification Packet

Thank you for your interest in working with Blue & Associates, Inc. Our company prides itself on delivering high-quality work, safely, efficiently, and on time, no matter how large or small the project. We rely heavily on our Subcontractors to help us meet those standards each and every time.

Invitations to bid (ITB) may be sent to you in various ways: directly from one of our Estimators; via OneTeam.build (The Blue Book Building & Construction Network's on-line bidding platform), through our cloud-based project management portal (Procore), or via other web-based bid management programs.

In order to be included in our master database of Bidders/Subcontractors, we ask that you fill out the attached Prequalification Form. Upon approval, your company information will be entered into our contact database for invitations to bid on future projects. Since most bid management platforms are trade affiliation driven, please check off all the types of work your company performs in the "Trades & Types of Work" section. If you need to elaborate, please use the comments fields.

Please note, we require proof of insurance and a current W-9 form for our files before any subcontracts can be negotiated.

Completed Subcontractor Prequalification Packets may be faxed, e-mailed, or sent via postal mail to my attention at:

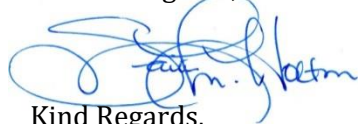
Mailing Address: Blue & Associates, Inc.
15602 Patrica Street, Suite 200
Austin, Texas 78728

Facsimile Number: 512.670.9312

E-mail Address: fholton@blueconstruction.com

Thank you again for your interest in Blue & Associates, Inc. We look forward to the possibility of working with you in the future.

Sincere Regards,



Kind Regards,

Faith Holton

Estimating / Operations Assistant

Blue & Associates, Inc.

15602 Patrica Street, Suite 200 | Austin TX 78728

p: 512.596.3060 | **o:** 512.670.9310 x 200 | **f:** 512.670.9312

fholton@blueconstruction.com | www.blueconstruction.com



Subcontractor Prequalification Form

Company Name: _____

Company Address: _____

Phone Number: _____ Fax Number: _____

Web Page Address: http://www. _____

Tax ID or SS #: _____ Years in Business: _____

Type of Company: LLC Corporation Partnership Sole Proprietor

Are you Bondable? Yes No Bonding Company: _____

Insurance Company: _____

General Liability Limits: \$ _____ per occurrence \$ _____ aggregate

Key Personnel Contact Information

ESTIMATING DEPARTMENT CONTACT:

Name: _____

Title: _____ E-mail: _____

Telephone: _____ Cell: _____

COMPANY OWNER/PRESIDENT:

Name: _____

Title: _____ E-mail: _____

Telephone: _____ Cell: _____

ADMINISTRATIVE/ACCOUNTING CONTACT:

Name: _____

Title: _____ E-mail: _____

Telephone: _____ Cell: _____

MEP Licensing Information

License Number: _____ License Holder: _____

Trades & Type of Work

<input type="checkbox"/> General Requirements	<input type="checkbox"/> Site Work	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry
<input type="checkbox"/> Metals	<input type="checkbox"/> Woods & Plastics	<input type="checkbox"/> Thermal/Moisture	<input type="checkbox"/> Doors & Windows
<input type="checkbox"/> Finishes	<input type="checkbox"/> Specialties	<input type="checkbox"/> Equipment	<input type="checkbox"/> Special Construction
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	Other: _____	

Comments: _____



Project Experience

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Retail Big Box | <input type="checkbox"/> Shopping Centers | <input type="checkbox"/> Grocery | <input type="checkbox"/> Fitness/Recreation |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Industrial | <input type="checkbox"/> Office |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Financial | <input type="checkbox"/> Site Work | <input type="checkbox"/> Residential |

Comments:

Other Information

	<u>YES</u>	<u>NO</u>
Any open or aggregate liability claims that would impair your ability to insure any project?	<input type="checkbox"/>	<input type="checkbox"/>
In the past five (5) years, has your company:		
• operated under any other name?	<input type="checkbox"/>	<input type="checkbox"/>
• ever failed to complete a contract, been defaulted, or had a contract terminated?	<input type="checkbox"/>	<input type="checkbox"/>
• had any of its key personnel been party to a bankruptcy/reorganization proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
• had any of its key personnel been involved in a lawsuit arising from a project?	<input type="checkbox"/>	<input type="checkbox"/>
• had any of its key personnel been investigated for violation of labor laws?	<input type="checkbox"/>	<input type="checkbox"/>
• been investigated for or found to have committed a serious OSHA violation?	<input type="checkbox"/>	<input type="checkbox"/>
• had any liens filed against it by any of its subcontractors or suppliers?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give details for any liens over \$5,000

If you answered yes to any of the above questions, please include pertinent details on a separate sheet of paper.

Please complete the following reference chart or feel free to attach your own.

Project References (attach a separate sheet if needed)

Most Recently Completed Projects:

Name of Project	Scope of Work	Value	Date Completed



Project References (continued)

Current Projects (Work in Progress):

Name of Project	Scope of Work	Value	Date Completed

Trade References (List 3 of your primary vendors or suppliers):

Company Name	Address	Phone Number	Contact Name



By my signature below, I warrant and represent that to the best of my knowledge and belief, the information as presented herein is factual, accurate, and reliable. I further attest that I possess personal knowledge of the statements contained herein.

(Subcontractor's Signature)

State of Texas
County of _____

_____ personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she attests that the statements contained herein are true.

Given under my hand and seal of office this
_____ day of _____, 20_____

(Notary Public's Signature)