



Thank you for the inquiry concerning your business interest in working with **Duke Construction**. We request that you complete the attached **Trade Contractor's Qualification Statement** and submit it with the following information:

Please fax this information to the Preconstruction Director in the appropriate office(s) listed below:

**Atlanta, GA**  
770.717.2428 FAX

**Baltimore, MD**  
410.843.0990 FAX

**Chicago, IL**  
847.232.5691 FAX

**Cincinnati, OH**  
513.956.4505 FAX

**Columbus, OH**  
614.932.6288 FAX

**Dallas, TX**  
972.361.6800 FAX

**Houston, TX**  
713.353.3299 FAX

**Indianapolis, IN**  
317.808.6797 FAX

**Minneapolis, MN**  
952.543.2975 FAX

**National Development**  
317.808.6702 FAX

**Nashville, TN**  
615.884.2595 FAX

**Orlando/Tampa/South FL**  
407.241.0281 FAX

**Phoenix, AZ**  
602.387.5001 FAX

**Raleigh, NC**  
919.461.8090 FAX

**St. Louis, MO**  
314.514.6993 FAX

**Washington DC**  
703.578.2935 FAX



# TRADE CONTRACTOR PREQUALIFICATION STATEMENT

Thank you for your interest in Duke Construction. In order to develop a more complete knowledge of your Company and better match future Company opportunities to your Company's capabilities please complete this form and return to:

Date of Response: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

(city)

(state)

(zip)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

(city)

(state)

(zip)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact : \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Is your Company:

- MBE     WBE     DBE
- SDVO     VOSB     HUB
- SDB     WOSB     SBE

(Please attach copies of all certifications.)

Is this address the:     Main Office     Regional Office     Branch Office

Name of Parent Company: \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

### Trades

*Please fill-in the trade(s) that your Company is interested in bidding*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year Company Started: \_\_\_\_\_

Type of Company:

- Corp.     Partnership     Proprietorship     Sub. S. Corp.
- JV     Other \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

**TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)**

Contractor's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_ (Attach list if needed)

State Sales Tax Registration Number: \_\_\_\_\_ (attach list as needed)

State Unemployment Insurance Number: \_\_\_\_\_ (attach list as needed)

Federal ID Number: \_\_\_\_\_

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Position</u>	<u>Percent Owned</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

Under what other name(s) has your Company operated?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many people does your Company presently employ:  
 Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

How many people did your Company employ on average for the last 3 years?  
 Home Office \_\_\_\_\_ Field Supervisory \_\_\_\_\_ Tradespeople \_\_\_\_\_

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your Company or any of its owners, officers or major shareholders currently involved in any business related arbitration or litigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)**

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.

\_\_\_\_\_

\_\_\_\_\_

List the geographical areas in which you work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Unions which you have agreements with:

<u>Local Number</u>	<u>Union Name</u>	<u>Agreement Expiration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all building types on which your Company has worked:

- |                               |       |                               |       |
|-------------------------------|-------|-------------------------------|-------|
| A. Commercial Office Building | _____ | F. Hospital                   | _____ |
| B. Medical Office Building    | _____ | G. Residential                | _____ |
| C. Industrial Bldg./Warehouse | _____ | H. High Tech/Laboratories     | _____ |
| D. Hotels/Motels              | _____ | I. Correctional Facilities    | _____ |
| E. Retail                     | _____ | J. Design Build/Design Assist | _____ |

List the trades you normally perform with your own forces:

\_\_\_\_\_

\_\_\_\_\_

What percentage of the Company's work is normally subcontracted? \_\_\_\_\_ %

What trades do you normally subcontract?

\_\_\_\_\_

What is the largest contract your Company has completed?

Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Project name and scope: \_\_\_\_\_

What was the average annual volume of work performed over the past 5 years:

Yr./Vol.	_____	Yr./Vol.	_____	Yr./Vol.	_____
Yr./Vol.	_____	Yr./Vol.	_____		

**TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)**

**Attach a list of current and at least five (5) completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work.** (Include contact people and phone numbers).

**Attach a copy of your latest audited financial statement.** (Your financial statement is strictly for Duke Preconstruction Dept use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided: \_\_\_\_\_

\_\_\_\_\_

Name of your Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Amount of line of credit: \$ \_\_\_\_\_ Amount Available: \$ \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Bonding :**

Is your company bondable? \_\_\_\_\_ Yes \_\_\_\_\_ No

A. Name of Surety \_\_\_\_\_ Key Contact Person/Phone \_\_\_\_\_

B. Bonding Capacity: Per Job \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Date of Last Bond \_\_\_\_\_ Amount: \$

Bond Rate \_\_\_\_\_ %

C. Please list the persons or entities who provide indemnification to your Surety: \_\_\_\_\_

**Insurance:**

Please attach a copy of your certificate of insurance form. **Note that Duke requires \$1 Million Employer's Liability; \$3 Million of General Liability Insurance; and \$1 Million Automobile Liability.**

**TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)**

**Safety:**

**Provide the following safety information for the past three (3) years:**

	20 __	20 __	20 __
Experience Modification factor (EMR)	_____	_____	_____
OSHA recordable incidents	_____	_____	_____
Lost workday cases	_____	_____	_____
Total lost workdays	_____	_____	_____
Total man-hours worked	_____	_____	_____
Number of OSHA citations	_____	_____	_____
Number of fatalities	_____	_____	_____

Do you have a qualified person responsible for safety within your Company:  Yes  No

Please describe his/her qualification: \_\_\_\_\_  
 \_\_\_\_\_

Does this person do safety inspections on all your projects:  Yes  No Frequency \_\_\_\_\_

Do you have a written Company Safety Policy and Program and will you provide copies if requested:  Yes  No

Does your Company have a written substance abuse policy:  Yes  No

If Yes, please check which are included in the policy:

- Pre-hire/ Initial Employment \_\_\_\_\_
- Cause \_\_\_\_\_
- Post Accident/ Incident \_\_\_\_\_
- Random \_\_\_\_\_
- Periodic \_\_\_\_\_

Have you ever implemented 100% fall protection:  Yes  No

If requested, can you provide us with site-specific program addressing the fall hazards in your work?  Yes  No

Do you require documented safety meetings for your employees? Indicate which, and how often:  Yes  No

	Yes	No	Frequency
Field Supervisors:	_____	_____	_____
New Hires:	_____	_____	_____
Employees:	_____	_____	_____
Subcontractor/Vendors:	_____	_____	_____

Does your Company provide safety training for all employees:  Yes  No

If yes, please list training provided: \_\_\_\_\_  
 \_\_\_\_\_

**(Duke will require that at least one full time on-site person must have completed the 10 hour OSHA training.)**

Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety:  Yes  No

Does your Company have a program recognizing your employees for safety performance excellence?  Yes  No

Does your Company have a disciplinary program in place for safety violations:  Yes  No

**TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)**

**References:**

List three (3) of your major suppliers:

A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_

B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_

C. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_

List three (3) General Contractors that you do business with:

A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_

B. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_

C. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_

**Personnel:**

List key office personnel and field supervisors:

	<u>Name</u>	<u>Position</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

General Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRADE CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (continued)**

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Duke will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of Two Thousand and \_\_\_\_\_

Name of Company: \_\_\_\_\_

Completed by: \_\_\_\_\_

(Signature ) (Must be an officer of the Company)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_