



John Carroll University Contractor Pre-qualification Form

Company Name: _____
Address: _____ Telephone: _____
Reference/ Contact: _____ Website: _____

Type of Work/ Trades
Please fill-in the trade(s) that your Company is interested in providing services

Principles and/ or Partners of your organization:

1. Name: _____
Email: _____ Phone: _____
Cell: _____
2. Name: _____
Email: _____ Phone: _____
Cell: _____
3. Name: _____
Email: _____ Phone: _____
Cell: _____

How many years has your organization been in business? _____

Under what former names has your organization operated? _____

What type of organization are you classified? Corporation Partnership Proprietorship Sub. S.

Date of organization or Incorporation? _____

Contractor's License Number: _____

State: _____ Expiration: _____

Number: _____

State Sales Tax Registration Number: _____

State Unemployment Insurance Number: _____

Federal ID Number: _____

Has your Company ever failed to complete any work awarded to it?

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last 5 years?

Within the last 5 years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

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

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

List three of your major suppliers:

1. Name: _____
Address: _____ Telephone: _____
Contact: _____
2. Name: _____
Address: _____ Telephone: _____
Contact: _____
3. Name: _____
Address: _____ Telephone: _____
Contact: _____

List three contractors that you do business with:

1. Name: _____
Address: _____ Telephone: _____
Contact: _____
2. Name: _____
Address: _____ Telephone: _____
Contact: _____
3. Name: _____
Address: _____ Telephone: _____
Contact: _____

Trade Association Memberships:

List local or national accredited training programs in which you participate:

Attach a copy of your latest financial statement. (Your financial statement is strictly for John Carroll University Facility Department use and will be treated confidentially). Please include Current Assets, net fixed assets, other assets, current liabilities, and other liabilities.

Bank Name: _____
Address: _____ Telephone: _____
Reference/ Contact: _____

Please provide **Bonding Company** information.

Company Name: _____
Address: _____ Telephone: _____
Reference/ Contact: _____

Attach a certificate of insurance to include the following, listing John Carroll University as an additional insured.

Comprehensive Commercial General Liability, \$1 million each occurrence, \$1 million personal & advertising injury, \$2 million products & completed operations aggregate and \$2 million general aggregate; Comprehensive Business Automobile liability insurance combined single limit \$1 million per accident; Workers' Compensation insurance in accordance with laws of the State of Ohio, Employers' Liability insurance not less than \$500,000 each accident for bodily injury by accident, \$500,000 policy limit for bodily injury by disease, \$500,000 each employee for bodily injury by disease; Umbrella Liability insurance of \$5 million; and Professional Liability insurance \$5 million.

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 John Carroll University will be relying on the accuracy of the information and your responses in deciding whether to permit your organization to work on our campus.

Dated this _____ day of _____ 20____

Name of Organization: _____

Completed By (must be an officer of the Organization): _____

Title: _____

Being duty sworn, deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public:

My commission expires: