



**SUBCONTRACTOR PREQUALIFICATION INFORMATION**

***Please fill out completely, you may be assured that all financial information submitted will be strictly confidential. Our request is to ensure that all Subcontractor/Vendors selected are in accordance with Braun Construction Group's Quality Operating System.***

Date: \_\_\_\_\_

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

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

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person for Bid Opportunities: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

1. Year Company was Established: \_\_\_\_\_

Number of years under present Ownership: \_\_\_\_\_

2. Bank Reference:

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

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Current Net Worth: \_\_\_\_\_

Unsecured Line of Credit Limit: \_\_\_\_\_

3. Surety Company:

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

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Bonding Capacity:

Single Job: \_\_\_\_\_ Aggregate: \_\_\_\_\_ Credit: \_\_\_\_\_

4. Insurance:

Program Coverage

Limits and Type Coverage

Workmen's Compensation \_\_\_\_\_

Bodily Injury & Property Damage \_\_\_\_\_

Excess/Umbrella Liability \_\_\_\_\_

Automobile Liability \_\_\_\_\_

Professional Error & Omissions (if applicable) \_\_\_\_\_

5. Annual Dollar Volume for the Past (3) Years:

\$ \_\_\_\_\_ 2007      \$ \_\_\_\_\_ 2006      \$ \_\_\_\_\_ 2005

6. Largest Jobs in the Past (3) Years:

\$ \_\_\_\_\_ 2007      \$ \_\_\_\_\_ 2006      \$ \_\_\_\_\_ 2005

7. Work History / Representative Projects: (Submit a list of current projects including size, dollar volume, location, owner contact).

8. Desired Project Size:      Max. \$ \_\_\_\_\_      Min. \$ \_\_\_\_\_

9. Field Labor Used:      Union \_\_\_\_\_      Non-Union \_\_\_\_\_

10. Type of Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Current Written and Operating Safety Program?      Yes \_\_\_\_\_      No \_\_\_\_\_

12. Accident History: (Last Three Years)

	2007	2006	2005
No. of Manhours Worked:	_____	_____	_____
No. of Days Lost:	_____	_____	_____
No. of Losses:	_____	_____	_____
Experience Modification Rate	_____	_____	_____

13. References (3):

Name	Contact	Telephone
Owners/General Contractors:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Architects:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Suppliers:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Minority Owned Business: Yes\_\_\_ No\_\_\_

15. Women Owned Business: Yes\_\_\_ No\_\_\_

16. Previous Company Names: \_\_\_\_\_

17. Please Attach a Current Audited Financial Statement.

Name: \_\_\_\_\_ Signature

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

Please submit Subcontractor Prequalification Information to the following location(s):

**Braun Construction Group**  
39395 W. 12 Mile Road, Suite 100  
Farmington Hills, MI 48331  
Attn: Rachel Sommers

(If you are submitting this prequalification information to bid on a particular project, **PLEASE NOTE THE PROJECT NAME.**)