



BRAUN
CONSTRUCTION GROUP

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 Email Address: _____

1. Year Company 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:

\$ _____ 2015 \$ _____ 2016 \$ _____ 2017

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

\$ _____ 2015 \$ _____ 2016 \$ _____ 2017

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)

| | 2015 | 2016 | 2017 |
|------------------------------|-------|-------|-------|
| 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 Dombrowski (rdombrowski@brauncg.com)

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