



8940 River Crossing Blvd, Suite 300 ♦ Indianapolis, Indiana 46240
Phone 317.344.7300
www.browningrep.com

SUBCONTRACTOR PREQUALIFICATION STATEMENT

Date: _____

The following qualification information is for Browning Construction to develop an understanding of your company's qualifications and ability to perform contract work. Please complete this form and submit by emailing with requested information to msonger@browningrep.com.

Company Information:	
Firm's Legal Name:	_____
Street Address:	_____
City:	_____ State and Zip: _____
Contact Name & Title:	_____
Contact Phone:	_____ Contact Fax: _____
Contact Email:	_____
Accounting Contact:	_____ Phone No.: _____
E-mail:	_____ Fax No.: _____
Check One:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other
Check if Applicable:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VBE <input type="checkbox"/> LGBT
Year Company Started:	_____ State of Incorporation: _____
Date of Incorporation:	_____ Federal ID No: _____
Labor Force:	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union
List Trades:	_____
Has your company ever failed to complete work awarded to you, do you have any judgments, claims, arbitrations, suits, or liens currently against your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes Explain:	_____

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List Company's Key officers and members legal to execute documents:

Safety Information:

Has your company ever been cited with any OSHA safety violations: Yes No

If Yes Explain: _____

Do you have a written Safety Program: Yes No

Are all employees trained in safety requirements? Yes No

Do you have a Company Safety Director or other Safety Professionals on staff? Yes No

If yes Contact: _____ Phone: _____

E-mail: _____

Trade References - Please provide vendors with whom your company does business:

Vendor: _____ Contact Name: _____

Phone No: _____ Fax No: _____

Vendor: _____ Contact Name: _____

Phone No: _____ Fax No: _____

Vendor: _____ Contact Name: _____

Phone No: _____ Fax No: _____

Bank References:

Financial Institution: _____ Contact Name: _____

Phone No: _____ Fax No: _____

Financial Institution: _____ Contact Name: _____

Phone No: _____ Fax No: _____



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Project References – Please provide a list of projects completed (list the most current for the fiscal year):

1) Project Name: _____	General Contractor: _____
Contract Amt: _____	Completion Date: _____
Contact Name: _____	Phone No: _____
2) Project Name: _____	General Contractor: _____
Contract Amt: _____	Completion Date: _____
Contact Name: _____	Phone No: _____
3) Project Name: _____	General Contractor: _____
Contract Amt: _____	Completion Date: _____
Contact Name: _____	Phone No: _____
4) Project Name: _____	General Contractor: _____
Contract Amt: _____	Completion Date: _____
Contact Name: _____	Phone No: _____
5) Project Name: _____	General Contractor: _____
Contract Amt: _____	Completion Date: _____
Contact Name: _____	Phone No: _____

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Please list all divisions in which your firm performs work.

1)

2)

3)

4)

5)

6)

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Please attach a financial statement, including latest balance sheet and income statement, complete Form W-9 (attached) and submit a copy of your Certificate of Insurance.

Prequalification form will not be accepted unless completed in its entirety.

CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of Browning Construction, LLC.

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Signature: _____ Printed: _____
Title: _____ Date: _____