

## VENDOR PREQUALIFICATION FORM

Prequalification Form will NOT be accepted unless completed in its entirety.

<b>COMPANY INFORMATION</b>						
<b>Legal Business Name</b>				<b>Date</b>		
				<b>Project, if applicable</b>		
<b>Street Address</b>				<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Company Website Address</b>			<b>Years in Business (Current Name)</b>	<b># of Employees</b>	<b>Fed. Tax ID #</b>	
<b>Telephone Number</b>			<b>Toll Free Number</b>	<b>Fax Number</b>		
<b>Type of Company</b>		<b>Business Type</b>			<b>Labor Affiliation</b>	
<input type="checkbox"/> Subcontractor <input type="checkbox"/> GC <input type="checkbox"/> Supplier <input type="checkbox"/> Both		<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other			<input type="checkbox"/> Union <input type="checkbox"/> Section 3 Business <input type="checkbox"/> Open Shop	
<b>Company Certifications, if appropriate (Please attach copy of certificate)</b>						
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> VOSB <input type="checkbox"/> SBE <input type="checkbox"/> JSEB <input type="checkbox"/> VBE <input type="checkbox"/> EDGE <input type="checkbox"/> Section 3 <input type="checkbox"/> Other (List):						
<b>List the corporate officers, partners, or proprietors of your firm:</b> (if additional space is needed, list on a separate sheet and attach to this form.)						
<b>Name</b>		<b>Title</b>			<b>% Ownership</b>	
<b>Name</b>		<b>Title</b>			<b>% Ownership</b>	
<b>Name</b>		<b>Title</b>			<b>% Ownership</b>	
<b>Name</b>		<b>Title</b>			<b>% Ownership</b>	
<b>Have any of the above officers ever done business with CRG Residential, LLC or its affiliates through another company?</b> (If yes, explain on a separate sheet and attach to this form.) <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>						
<b>Has the Company filed for any bankruptcies, reorganizations, or had any involuntary petition for bankruptcy filed against the Company or its affiliates, or has the Company otherwise sought relief from creditors under any similar lawsuits?</b> (If yes, explain on a separate sheet and attach to this form.) <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>						
<b>Have you failed to complete awarded work or been terminated for cause?</b> Do you have any judgments, claims, arbitrations, suits, or liens currently against your organization? (If yes, explain on a separate sheet and attach to this form.) <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>						

<b>CONTACT INFORMATION</b>				
<b>Principal Contact</b>	<b>Contact's Title</b>	<b>Telephone Number</b>	<b>Cell Phone Number</b>	<b>Email</b>

<b>PROJECT INFORMATION SECTION</b>
<p>Select the geographical areas from the listing below where your company is properly licensed and will provide quotes for work.  <i>If only a portion of an area, please describe:</i></p> <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> All of the United States</div> <div style="width: 25%;"><input type="checkbox"/> AL</div> <div style="width: 25%;"><input type="checkbox"/> CO</div> <div style="width: 25%;"><input type="checkbox"/> HI</div> <div style="width: 25%;"><input type="checkbox"/> KS</div> <div style="width: 25%;"><input type="checkbox"/> MA</div> <div style="width: 25%;"><input type="checkbox"/> MT</div> <div style="width: 25%;"><input type="checkbox"/> NJ</div> <div style="width: 25%;"><input type="checkbox"/> OK</div> <div style="width: 25%;"><input type="checkbox"/> SD</div> <div style="width: 25%;"><input type="checkbox"/> VA</div> <div style="width: 25%;"><input type="checkbox"/> AK</div> <div style="width: 25%;"><input type="checkbox"/> CT</div> <div style="width: 25%;"><input type="checkbox"/> ID</div> <div style="width: 25%;"><input type="checkbox"/> KY</div> <div style="width: 25%;"><input type="checkbox"/> MI</div> <div style="width: 25%;"><input type="checkbox"/> NC</div> <div style="width: 25%;"><input type="checkbox"/> NM</div> <div style="width: 25%;"><input type="checkbox"/> OR</div> <div style="width: 25%;"><input type="checkbox"/> TN</div> <div style="width: 25%;"><input type="checkbox"/> WA</div> <div style="width: 25%;"><input type="checkbox"/> AZ</div> <div style="width: 25%;"><input type="checkbox"/> DE</div> <div style="width: 25%;"><input type="checkbox"/> IL</div> <div style="width: 25%;"><input type="checkbox"/> LA</div> <div style="width: 25%;"><input type="checkbox"/> MN</div> <div style="width: 25%;"><input type="checkbox"/> NE</div> <div style="width: 25%;"><input type="checkbox"/> NV</div> <div style="width: 25%;"><input type="checkbox"/> PA</div> <div style="width: 25%;"><input type="checkbox"/> TX</div> <div style="width: 25%;"><input type="checkbox"/> WV</div> <div style="width: 25%;"><input type="checkbox"/> AR</div> <div style="width: 25%;"><input type="checkbox"/> FL</div> <div style="width: 25%;"><input type="checkbox"/> IN</div> <div style="width: 25%;"><input type="checkbox"/> ME</div> <div style="width: 25%;"><input type="checkbox"/> MS</div> <div style="width: 25%;"><input type="checkbox"/> ND</div> <div style="width: 25%;"><input type="checkbox"/> NY</div> <div style="width: 25%;"><input type="checkbox"/> RI</div> <div style="width: 25%;"><input type="checkbox"/> UT</div> <div style="width: 25%;"><input type="checkbox"/> WI</div> <div style="width: 25%;"><input type="checkbox"/> CA</div> <div style="width: 25%;"><input type="checkbox"/> GA</div> <div style="width: 25%;"><input type="checkbox"/> IA</div> <div style="width: 25%;"><input type="checkbox"/> MD</div> <div style="width: 25%;"><input type="checkbox"/> MO</div> <div style="width: 25%;"><input type="checkbox"/> NH</div> <div style="width: 25%;"><input type="checkbox"/> OH</div> <div style="width: 25%;"><input type="checkbox"/> SC</div> <div style="width: 25%;"><input type="checkbox"/> VT</div> <div style="width: 25%;"><input type="checkbox"/> WY</div> <div style="width: 25%;"><input type="checkbox"/> International</div> <div style="width: 25%;"><input type="checkbox"/> Canada</div> <div style="width: 25%;"><input type="checkbox"/> Mexico</div> <div style="width: 25%;"><input type="checkbox"/> Other</div> </div>

## SAFETY SECTION

List your Experience Modification Rate (EMR) for the last 3 years

Number of OSHA Recordable incidents over the prior 3 years  
(Data available at [www.osha.gov](http://www.osha.gov))

Year	Rate
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

\_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you have a written Safety Program?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all employees trained in safety requirements?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a Company Safety Director or other Safety Professionals on Staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Has your company or any of its affiliates experienced a fatality?  Yes  No

## INSURANCE SECTION

Do you currently carry, or can you obtain the following insurance coverage? Please List Coverage Amounts or Attach an Insurance Certificate listing this information

List Coverage Limits Below

- Worker's Compensation
- General Liability
- Automobile Liability
- Excess Umbrella

Insurance Company	Insurance Agent	Insurance Agent Telephone
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## REFERENCE SECTION

Project References (within last three years)

Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approx. Contract Amount \$	Project General Contractor	GC Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		
Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approx. Contract Amount \$	Project General Contractor	GC Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		
Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approx. Contract Amount \$	Project General Contractor	GC Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

## REFERENCE SECTION (Cont.)

### Major Supplier References (list three current supplier references)

Company Name	Address
Contact	Phone
Company Name	Address
Contact	Phone
Company Name	Address
Contact	Phone

### Bank References

Financial Institution	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

## SCOPES OF WORK SECTION (Check all scopes of work that your company performs in the "SELF" column. If you subcontract any portion of your work, check all scopes work that you subcontract in the "SUB" column.)

SELF	SUB		
<input type="checkbox"/>	<input type="checkbox"/>	2000	SITE CONSTRUCTION
<input type="checkbox"/>	<input type="checkbox"/>	3000	CONCRETE
<input type="checkbox"/>	<input type="checkbox"/>	4000	MASONRY
<input type="checkbox"/>	<input type="checkbox"/>	5000	METALS
<input type="checkbox"/>	<input type="checkbox"/>	6000	WOOD AND PLASTICS
<input type="checkbox"/>	<input type="checkbox"/>	7000	THERMAL AND MOIST. PROTECTION
<input type="checkbox"/>	<input type="checkbox"/>	8000	DOORS AND WINDOWS
<input type="checkbox"/>	<input type="checkbox"/>	9000	FINISHES
<input type="checkbox"/>	<input type="checkbox"/>	10000	SPECIALTIES
<input type="checkbox"/>	<input type="checkbox"/>	11000	EQUIPMENT
<input type="checkbox"/>	<input type="checkbox"/>	12000	FURNISHINGS
<input type="checkbox"/>	<input type="checkbox"/>	13000	SPECIAL CONSTRUCTION
<input type="checkbox"/>	<input type="checkbox"/>	14000	CONVEYING SYSTEMS
<input type="checkbox"/>	<input type="checkbox"/>	15000	MECHANICAL
<input type="checkbox"/>	<input type="checkbox"/>	16000	ELECTRICAL
<input type="checkbox"/>	<input type="checkbox"/>	17000	CONSULTANTS

Please list more detailed scope information if desired. This information will better ensure we include your firm in the appropriate bid invitations.

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## ACKNOWLEDGEMENT OF PREQUALIFICATION INFORMATION

- Your prequalification status cannot be determined until the Vendor Prequalification Form is accurately completed.
- Prior to signing any agreement of services, insurance certificates per the agreement, a letter from your surety company, if applicable, and any necessary financial statements shall be provided in order to obtain a final qualification status.
- By signing below, you acknowledge that you have read the Subcontract Agreement and Purchase Order Agreement sample documents that have been made available in your bid packet and/or on the CRG Residential website.
- CRG Residential, LLC and its affiliates reserve the right to request additional information prior to agreement execution.

**Completed by Authorized Representative:**

**CONFIDENTIALITY NOTE:** The information supplied by the undersigned in this document is intended only for the use of CRG Residential, LLC and its affiliates.

*The undersigned certifies that the information provided herein is a clear and accurate representation of this organization and that he/she is authorized to sign on behalf of the organization.*

Information Supplied By:

Print Name	Title
Signature	Date

**INFORMATION PROVIDED IS VALID FOR ONE YEAR. PLEASE NOTIFY CRG RESIDENTIAL, LLC AND ITS AFFILIATES OF ANY CHANGES TO THE INFORMATION SUBMITTED.**

Submit To:  
 CRG Residential  
 Estimating Department  
 805 City Center Drive, Suite 160  
 Carmel, IN 46032  
 (317) 575-9400 Phone  
 (317) 575-9399 Fax

For Internal Use Only:	Initials	Date	Comments
<input type="checkbox"/> Form Completion Review			
<input type="checkbox"/> Company Information Review			
<input type="checkbox"/> Project Information Review			
<input type="checkbox"/> Safety Information Review			
<input type="checkbox"/> Insurance Review			
<input type="checkbox"/> Reference Information Review			
<input type="checkbox"/> Financial Information Review			
<input type="checkbox"/> Scopes of Work Review			