



SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

Overview: It is the policy of Mid State Construction Company, Inc., General Contractors, to pre-qualify our subcontractors prior to bidding on any of our projects. The contents of this questionnaire will be confidential and used to determine your firm's work experience, project capacity, and qualification for our general liability insurance program. Your pre-qualification statement must be updated annually.

Questions can be directed by phone to (601) 956-9500 or by e-mail to info@msconst.com

Subcontractor name: _____
Street address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Web Address: _____

Contact information:

Principal Contact: _____ Title: _____
Phone: _____ Fax: _____ E-Mail: _____
Mobile Phone: _____
Estimating Contact: _____ Title: _____
Phone: _____ Fax: _____ E-Mail: _____
Mobile Phone: _____
Operations Contact: _____ Title: _____
Phone: _____ Fax: _____ E-Mail: _____
Mobile Phone: _____

Type of Organization: _____

Corporation, Partnership, LLC or Sole Proprietor

NOTE: Sole Proprietor is subject to E-Verify and must complete an I-9 form and provide appropriate identification

Date founded: _____ State of formation: _____

List Owners/Principles with titles: _____

Is your firm owned or controlled by any other organization? _____

Current number of employees: Office _____ Field _____ Shop _____

Are any employees leased from a staffing firm: _____

Federal Tax ID: _____

Dunn & Bradstreet Number: _____

MS Certificate of Responsibility Number: _____ Expiration Date: _____

Estimating Information:

List CSI Divisions/Trades you would like to bid:

List Minority Status: HUB___ OTHER_____

(Please provide a copy of current certification with this statement.)

State total current value of work under contract and in progress. \$_____

What is your backlog?
(1) as of today? \$_____ & (2) as of 12 months ago \$_____

Project History: (last three years)

Year	Annual Sales	Largest Single Project Name/ \$ Amount	General Contractor
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

What portion of your work is subcontracted to others? _____

Have you ever sold your receivables? Yes___ No___

Category your company prefers to work in: Retail ___ Industrial ___ Medical ___
Schools___ Other_____

Geographic Area your company prefers to work in: _____

Location of additional offices _____

Safety:

Please list your firm's Workers' Compensation Experience Modifier for:
Current year_____ Prior year _____ Two years ago _____

Has your firm had a job site fatality in the last five (5) years? Yes _____ No _____

If yes, please explain in detail:

Has your firm had an OSHA Citation in the last three (3) years? Yes_____ No_____

If yes, please explain in detail:_____

Does your Company have a written SAFETY Program? Yes ___ No ___

(Please attach your firm's most recent OSHA 300A log)

Current Bonding / Banking / Insurance Information:

Surety Company: _____ Broker: _____

Broker Contact Person: _____ Phone: _____

Bonding capacity: _____ Bonding Rate: _____

Name of your bank: _____

Address: _____

Contact person: _____ Phone: _____

Line of Credit: \$ _____ Unused Portion \$ _____ Exp date: _____

Insurance Provider: _____ Agency: _____

Contact Person: _____ Phone: _____

Types of insurance you carry:

General Liability	Yes___No___	Amount \$ _____
Automobile Insurance	Yes___No___	Amount \$ _____
Workers Compensation	Yes___No___	Amount \$ _____
Umbrella Liability	Yes___No___	Amount \$ _____

NOTE: Mid State's required MINIMUMS are G/L \$2,000,000, W/C \$500,000 and Auto \$1,000,000 with an endorsement naming Mid State Construction as Additional Insured on the G/L and the Auto.

References:

List four major suppliers:

Company Name	Contact	Phone	E-mail	Fax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List five General Contractors you do business with:

Company Name	Contact	Phone	E-mail	Fax
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you worked with Mid State Construction, previously? Yes _____ No _____
If yes, please list the names of any projects for the last three years: _____

Claims and Lawsuits:

Has your organization ever failed to complete any work awarded to it? _____
Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding
against your company? _____

Has your organization filed any lawsuits or requested arbitration with regard to
construction contracts within the last five years? _____ If you answered
YES to any of the above, please explain: _____

THE FOLLOWING MUST BE PROVIDED ANNUALLY

A letter from your Surety outlining the single project and aggregate amounts they will issue a payment and performance bond for (we are not asking for a bond).

A current certificate of insurance on the ACORD form.

A copy of your latest (consolidated) financial statement, i.e., Balance Sheet, Income Statement, etc., prepared by an outside accounting firm (Audited, Reviewed, or Complied Financial Statements) AND a copy of your most recent internal financial statement. (Please be assured your financial information will be kept confidential and will be used solely to determine your firm’s qualification for Mid State Construction projects.)

Your pre-qualification status cannot be determined until the pre-qualification statement is accurately completed, a letter from your surety is received and the necessary financial statements are provided.

Please send the attached Bank Reference Questionnaire to your bank and have them return it to Mid State Construction Co., Inc. at the address below.

(THE IMPORTANCE OF RECEIPT OF ALL INFORMATION REQUESTED WILL ACCELERATE THE APPROVAL PROCESS.)

SIGNATURE & NOTARIZATION:

Dated on this _____ day of _____, 20____.

Organization’s Name: _____

By: _____

Title: _____

STATE OF _____

COUNTY OF _____

_____, being duly 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’s Signature

My Commission Expires: _____
(Seal)

Please mark “Confidential” & submit to:

Mid State Construction Co., Inc.
Attn: P.G. Bernheim, Executive Vice President
300 Briarwood West Drive Jackson, Mississippi 39206
Fax: (601) 956-9931 E-mail info@msconst.com

BANK REFERENCE QUESTIONNAIRE
(Please forward this form to your bank.)

DATE: _____

FROM: _____ TO: _____
Subcontractor Name Bank Name

Address Address

City, State, Zip City, State, Zip

_____ authorizes _____
Subcontractor Name Name of Bank

to provide the following information:

How long has customer been banking with you? _____

Does the above company have any loans with your bank? Yes _____ No _____

If yes, are payments made on time? Yes _____ No _____

What is the current line of credit available? \$ _____

What is the average monthly balance in their checking account: \$ _____

Name of Subcontractor and Title Date

Signature

Name of Bank Representative and Title Date

Signature

Please return this form to:

Mid State Construction Co., Inc.
Attn: P.G. Bernheim, Executive Vice President
300 Briarwood West Drive Jackson, Mississippi 39206
Fax: (601) 956-9931 E-mail info@msconst.com