



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 1 of 8

Business Information

COMPANY NAME:

ADDRESS:

ADDRESS SUITE / BLDG #:

PHONE #:

FAX #:

PRIMARY CONTACT NAME:

E-MAIL ADDRESS PRIMARY CONTACT:

TYPE OF COMPANY: General Contractor Subcontractor Supplier Other

YEARS IN BUSINESS UNDER CURRENT COMPANY NAME:

DATE ESTABLISHED:

EMPLOYER IDENTIFICATION NUMBER:

LABOR AFFILIATION: UNION NON-UNION

DESIGN/BUILD EXPERIENCE: YES NO

BUSINESS TYPE:
 Corporation Partnership Joint Venture Sole Proprietor LLC Individual Other

Services

PLEASE LIST THE CATEGORIES OR CSI SECTIONS OF WORK YOUR COMPANY PERFORMS:

PRIMARY CSI:

SECONDARY CSI:

GEOGRAPHIC AREA AND LIMITATIONS

Typical Project Size
 \$250,000 or below \$251,000 - \$499,000 \$500,000 - \$999,000 \$1,000,000 - \$5,000,000 \$5,000,000 or more

Types of Projects
 Educational Mid-Rise Healthcare Public Works Retail Commercial Hospitality Airports Commercial
 Other Other Other



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 2 of 8

Does Your Firm have Geographical Restrictions Where you Can Perform Work: Yes No
Does Your Firm have Regional Geographical Restrictions Where you Can Perform Work: Yes No

If Yes What U.S. Geographical Region?

Does Your Firm Work Internationally: Yes No

If Yes, What International Regions?

If Yes Specifically What Country?

BUSINESS CLASSIFICATION

Is this company a disadvantaged U.S. business enterprise? Yes No
Type: Minority Owned Woman Owned HubZone Veteran Owned Small Business Section 3
 Other Other Other

Please list the agencies certifying you for each category and the expiration date of your certification.

Minority Type (If Minority):
 Expiration:
 Expiration:
 Expiration:

FINANCIAL INFORMATION

Name of Bank:
Address:
City/State/Zip: / /
Telephone Number: - -
Fax Number: - -
Contact Name:
Amount of Line of Credit: \$
Company Dunn and Bradstreet Number:

BONDING INFORMATION

Name of Bonding Company:
Address:
City/State/Zip: / /
Telephone Number: - -
Fax Number: - -



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 3 of 8

Contact Bonding Company A.M. Best Rating:

Bonding Capacity Largest Bonded Project:

\$

Current Volume of Bonded Work:

\$

LEGAL INFORMATION

Is your company or any of its owners or officers currently involved in any litigation, mediation, arbitration or prosecution or defense of formal claims in connection with any contract, or been asked to post collateral against a loss?

Yes No

If Yes, please provide a detailed explanation below:

Has your company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete on a contract, or been asked to post collateral against a loss?

Yes No

If Yes, please provide a detailed explanation below:

SAFETY

Please list your company's Interstate Experience Rating Modifier (EMR) for the past 3 years.

20 - EMR = 20 - EMR = 20 - EMR =

Has your company received an OSHA citation within the past 3 years? Yes No



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 4 of 8

If yes, please list the number of citations in the last three years and describe:

Does your company have a written safety plan? Yes No

Does your company comply with the Drug Free Work Act? Yes No

PROJECT REFERENCES (Please list 3 reference projects)

Project Name (1):	<input type="text"/>
Project Location:	<input type="text"/>
Client/Owner Name:	<input type="text"/>
Architect/Engineer Name:	<input type="text"/>
Contract Amount (Original):	\$ <input type="text"/>
Contract Amount (Final):	\$ <input type="text"/>
Completion Date:	<input type="text"/>
General Contractor Name:	<input type="text"/>
General Contractor Contact Person:	<input type="text"/>
General Contractor Telephone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>

Please describe work performed:



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 5 of 8

Project Name (2):

Project Location:

Client/Owner Name:

Architect/Engineer Name:

Contract Amount (Original):

\$

Contract Amount (Final):

\$

Completion Date:

General Contractor Name:

General Contractor Contact Person:

General Contractor Telephone Number:

 - -

Please describe work performed:

Project Name (3):

Project Location:

Client/Owner Name:

Architect/Engineer Name:

Contract Amount (Original):

\$

Contract Amount (Final):

\$

Completion Date:

General Contractor Name:

General Contractor Contact Person:



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 6 of 8

General Contractor Telephone Number:
Please describe work performed:

--	--	--

Project Name (4):

--

Project Location:

--

Client/Owner Name:

--

Architect/Engineer Name:

--

Contract Amount (Original):

\$	
----	--

Contract Amount (Final):

\$	
----	--

Completion Date:

--

General Contractor Name:

--

General Contractor Contact Person:

--

General Contractor Telephone Number:
Please describe work performed:

--	--	--



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 7 of 8

Project Name (5):

Project Location:

Client/Owner Name:

Architect/Engineer Name:

Contract Amount (Original):

\$

Contract Amount (Final):

\$

Completion Date:

General Contractor Name:

General Contractor Contact Person:

General Contractor Telephone Number:

 - -

Please describe work performed:

COMPLEX BUILDERS, INC. - PROJECT REFERENCES

Has your company performed work for Complex Builders, Inc. before? Yes No

If yes, please list up to 3 of these projects below.

1.
2.
3.

SUB-SUBCONTRACTOR / SUPPLIER REFERENCES (Please list 3 of your major sub-subcontractors/suppliers)

Sub-subcontractor/Supplier Name (1):

Contact Telephone Number:

Sub-subcontractor/Supplier Name (2):



COMPLEX BUILDERS, INC.

Subcontractor Prequalification Form

Page 8 of 8

Contact Telephone Number:

Sub-subcontractor/Supplier Name (3):

Contact Telephone Number:

BANK REFERENCES

Name of Bank:

Contact Name:

Contact Telephone Number:

Name of Bank:

Contact Name:

Contact Telephone Number:

Name of Bank:

Contact Name:

Contact Telephone Number:

REQUIRED ATTACHMENTS

Please provide copies of the following:

- 1. OSHA 300 logs for the most recent three years and current year to date.
- 2. Verification of EMR from your insurance carrier.
- 3. Complete written Safety Program.
- 4. Your latest Financial Statement.
- 5. Blanket Certificate of Insurance naming Complex Builders, Inc. as the Insured.

I hereby certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading:

Completed By:

Electronic Acknowledgement Signature:

Title:

Date:

Please fax this and other requirements to (702) 309-6502 Attn: Sherman Isensee OR Mail this form and mail to: Sherman Isensee, Complex Builders, Inc., 8978 Spanish Ridge Ave., #100, Las Vegas, NV 89148