

# Ganneston

CONSTRUCTION CORP

General Contractor – Construction Manager – Design Builder

Please complete and return this prequalification to  
[dcolwell@gannestonconstruction.com](mailto:dcolwell@gannestonconstruction.com) or fax to (207) 621-8508.

## Company Information

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary bid contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is this business affiliated or a subsidiary of any other business \_\_\_\_ Yes \_\_\_\_ No

If yes, identify: \_\_\_\_\_

Type of minority contractor: \_\_\_\_\_ N/A  
\_\_\_\_ Disadvantaged Business Enterprise      \_\_\_\_ Minority Business Enterprise  
\_\_\_\_ Veteran Business Enterprise              \_\_\_\_ Women Business Enterprise

Certified by which agency (or self-certified):  
\_\_\_\_\_

(If applicable, please attach certificates for verification)

Are you signatory to any Union agreements? \_\_\_\_ Yes \_\_\_\_ No

If yes, which local(s)? \_\_\_\_\_

**If you are a successful bidder on this project, the following will be required:**

- *Sign and comply with an AIA A401-2007 Standard Form of Agreement Between Contractor and Subcontractor with AIA A201-2007 General Conditions of Contract for Construction.*
- *Carry worker's compensation, general liability and auto insurances at statutory levels evidenced with a Certificate of Insurance for the duration of the project.*
- *Meet State of Maine and/or Davis Bacon Wage Rates and weekly reporting requirements.*
- *If you are an Independent Contractor (or hire Independent Contractors), then you (they) must be certified by the State of Maine and provide the same insurances. (WC may be waived)*

## 1) Organization

- A. How many years has your company been in business as a contractor?
  
- B. How many years has your company been in business under its present business name? \_\_\_\_\_ List former business names: \_\_\_\_\_  
\_\_\_\_\_

## 2) Experience

- A. What categories of work does your company normally perform?
  
- B. How many Supervisors do you have on staff?
  
- C. Do you have licensed professionals on staff? If yes, provide State(s), Type and License Number.
  
- D. Has your company ever failed to complete any work awarded to it? If yes, explain.
  
- E. Has your company filed any lawsuits or requested arbitration with regard to construction contracts within the last three years? If yes, explain.
  
- F. Have you had any insurance claims filed against you? If yes, explain.
  
- G. Has your company ever been disbarred or removed from State or Federal work? If yes, explain.
  
- H. Have you had any OSHA violations in the last three years? If yes, explain.
  
- I. Have you failed to pay Federal/State/City taxes or fees?

### 3) Financial

- A. Has your company or any of its principals declared bankruptcy in the last three years?
  
- B. Have you ever failed to pay workers or suppliers promptly in the last three years?
  
- C. Provide the name of the banking institution currently used by your organization. Include branch location, years with institution and primary contact.
  
- D. Provide the contact information for your accountant and/or tax preparer.
  
- E. State the average annual amount of construction work performed during the past three years.

#### Professional References

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Completed Projects

Project/Location: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Contract Value: \_\_\_\_\_

Architect: \_\_\_\_\_ Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Project/Location:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_ **Contract Value:** \_\_\_\_\_

**Architect:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**Project/Location:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_ **Contract Value:** \_\_\_\_\_

**Architect:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

#### **4) Signature**

The undersigned certifies that the information provided is true and sufficiently complete so as not to be misleading. The undersigned acknowledges the ability to comply with all contract documents, insurances, wage requirements and reporting by signing below.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

#### **Notary:**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_