

**L. F. JENNINGS, INC.**  
**407 N. Washington Street, Falls Church, VA 22046**

**Subcontractor Prequalification Form**

**Date:** \_\_\_\_\_

**TRADE(S) OF WORK:** \_\_\_\_\_

\_\_\_\_\_

**COMPANY:**

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX # \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Estimating Contact Name: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Type of Company: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date Formed: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Average work in place during last 5 years \$ \_\_\_\_\_ Work under contract \$ \_\_\_\_\_

Average project size in place last year \$ \_\_\_\_\_ Uncompleted backlog \$ \_\_\_\_\_

Largest Job in the last 3 years \$ \_\_\_\_\_ Desired project size \$ \_\_\_\_\_

Number of Employees: Office \_\_\_\_\_ Field \_\_\_\_\_ Shop \_\_\_\_\_

Where are licensed to be business \_\_\_\_\_

List the appropriate trade and/or CSI classifications that you intend to bid on:

\_\_\_\_\_

List the geographical areas in which you work:

\_\_\_\_\_

\_\_\_\_\_

List all building types the company has worked (High rise office buildings, retail etc)

\_\_\_\_\_

\_\_\_\_\_

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**LABOR**

Does the company have any union agreements?                      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

**MBE/WBE/SBE/DBE/DVBE CERTIFICATION**

Is your firm certified? If yes, please check below:

MBE\_\_\_ WBE\_\_\_ SBE\_\_\_ DBE\_\_\_ DVBE\_\_\_ LSDBE\_\_\_ Other \_\_\_\_\_

Certifying Agency(s) \_\_\_\_\_

Certification Number (s) \_\_\_\_\_ Expiration \_\_\_\_\_

Is firm in compliance with all EEO Requirements?    Yes\_\_\_ No\_\_\_

**BONDING CAPACITY**

Are you able to bond projects?    Yes \_\_\_ No\_\_\_                      Bonding rate: \_\_\_\_\_

Single project limit \_\_\_\_\_                      Aggregate Limit \_\_\_\_\_

Bonding Company/Address \_\_\_\_\_

Last Rating \_\_\_\_\_ Agent Name/Phone # \_\_\_\_\_

Has firm ever failed to complete a contract?    Yes\_\_\_ No\_\_\_

Has firm ever been involved in Bankruptcy or Re-Organization?    Yes\_\_\_ No\_\_\_

Are there any claims against the firm?    Yes\_\_\_ No\_\_\_

Are there any pending judgments against the firm?    Yes\_\_\_ No\_\_\_

Has your organization ever failed to complete any work awarded to you in the last 5 years? Yes\_\_\_ No\_\_\_

If yes, please explain:

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**SAFETY**

Experience Modification Rate (EMR) for the past three years:

Current \_\_\_\_\_ 1<sup>st</sup> Prior Year \_\_\_\_\_ 2<sup>nd</sup> Prior Year \_\_\_\_\_

Does the company have a written safety program and/or policies? Yes \_\_\_ No \_\_\_

Does the company have a written drug policy? Yes \_\_\_ No \_\_\_

Does the company employ a full-time safety professional? Yes \_\_\_ No \_\_\_

In the past three years has the firm been cited for any serious (as defined by OSHA) Violations.

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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**INSURANCE**

**Acknowledge you have the following minimum coverage – Yes or No**

Workers Compensation Insurance: Statutory Coverage in state where work is being done.  
100,000 each accident  
100,000 disease each employee  
500,000 disease policy limit

General Liability:  
1,000,000 each occurrence.  
2,000,000 aggregate.  
1,000,000 products and completed operations.

Auto:  
1,000,000 any auto, hired and non owned.

Umbrella or Excess Liability:  
1,000,000 each occurrence  
1,000,000 aggregate

L.F. Jennings Inc. and the Owner & affiliates must be named as additional insured for the project.

List Exclusions: \_\_\_\_\_

Insurance Company/Address: \_\_\_\_\_

Agent Name/Phone Number: \_\_\_\_\_

Last Renewal: \_\_\_\_\_

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**BANK REFERENCES**

Does the company have a line of credit from any lending institution? Yes\_\_\_ No\_\_\_

Line \$ \_\_\_\_\_ Average amount utilized \$ \_\_\_\_\_

Please List (or attach) bank information:

**Submit as an attachment five or more projects per category of completed and current projects incorporating the information outlined below:**

**COMPLETED PROJECTS:** Representative projects completed in the last three (3) years.

Name of Project:

Contracting Company:               **LIST**

Contact Name:                               **ON**

Phone No.:                                       **SEPARATE**

Contract Amount:                               **PAGE**

Completion Date:

**CURRENT PROJECTS:** Representative projects currently under construction.

Name of Project:                       **LIST**

Contracting Company:               **ON**

Contact Name:                               **SEPARATE**

Phone No:                                       **PAGE**

Contract Amount:

% Completed:

**TRADE REFERENCES:** List (minimum 3) of your suppliers (on separate paper)

Company name	Address	Phone number	Contact name
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**INTERNET**

Does the company have internet access? Yes\_\_\_ No \_\_\_

Does the company have a web site: Yes\_\_\_ No\_\_\_ If yes, please provide the address.

Does the company have AutoCAD capability? Yes \_\_\_ No\_\_\_

Please submit the Subcontractor Prequalification Information to the following”

L. F. Jennings, Inc.  
407 North Washington Street, Suite 200  
Falls Church, VA 22046  
Attn: Estimating Department  
703-241-1200 703-241-5846 FAX