

PRECONSTRUCTION CONTRACTOR PROFILE FORM

FIRM NAME: _____

FIRM ADDRESS: _____

MAIN CONTACT: _____
(NAME) (EMAIL) (PHONE)

SERVICE AREA: _____ **Do you travel?** _____

SAFETY REQUIREMENTS:

EMR (Experience Modification Rate) _____ / Year _____

OSHA Recordable Incident Frequency Rate (RIFR) _____

CHECK ALL THAT APPLY:

- MBE
- WBE
- VBE
- SBE
- DBE
- UNION
- NON-UNION
- OTHER _____

WORKFORCE NUMBERS: _____

YEARLY REVENUE: _____ **YEARS IN BUSINESS:** _____

PRIMARY SCOPE OF WORK YOU SELF-PERFORM: _____

INSURANCE MAX UMBRELLA COVERAGE: _____ **BONDING CAPACITY:** _____

PROJECT EXPERIENCE AND VALUE INFORMATION:

Smallest / Largest / Typical Size Project Value _____ / _____ / _____

DESIGN SERVICES IN OR OUT OF HOUSE: _____ **\$2MM E/O COVERAGE:** _____

BIM / REVIT / NAVIS WORKS EXPERIENCE? _____

SPECIAL CERTIFICATIONS: _____

THREE LARGEST CONTRACTS COMPLETED WITH BUSINESS REFERENCE:

Office use only
Excel Precon FirstVentry PMS

| PROJECT NAME | SUBCONTRACTOR VALUE | DATE COMPLETED | BUSINESS REFERENCE AND CONTACT INFORMATION |
|--------------|---------------------|----------------|--|
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VENTANA PROJECT EXPERIENCE: _____
