

SUBCONTRACTOR PRE-QUALIFICATION FORM

Thank you for your interest in Benham Constructors, LLC. In order to pre-qualify with Benham Constructors, LLC, please complete this form and return to: 9400 N. Broadway, Suite 300 Oklahoma City, OK 73114-7401 Attention: Procurement (3 rd Floor) Phone: 405-478-5353		
	Date of Response:	
General Information		
Company Name:		
Address:		
City, State, Zip:		
Federal Tax ID No.: Webs	ite:	
Contact and Title: Contact	ct Phone No.:	
E-mail Address: Fax No.:		
Organization		
Years your organization has been in business: Date	of Incorporation:	
Years in business under present name:		
Name of Parent Company:		
Address:		
City, State, Zip:		
How is your company organized? \Box Corporation \Box Partnership \Box		
If Corporation, State incorporated in: Choose an item.		
List Top Four Officers:		
Name:	_ Title:	
Name:	Title:	
Name:	Title:	
Name:	Title:	

Licenses			
List all licenses and registrations held by your organization:			
Type of License:	Type of License:		
State: Choose an item.	State: Choose an item.		
Number:	Number:		
Type of License:	Type of License:		
State: Choose an item.	State: Choose an item.		
Number:	Number:		
F			
Experience			
Note: If the answer to any of the questions below is yes, please provide a	nd attach details.		
1. Do you employ union trade labor? \Box Yes \Box No			
2. Has your organization ever failed to complete any contra			
 Are there any judgments, claims, arbitration proceedings officers? □ Yes □ No 	or suits pending or outstanding against your organization or any of its		
 Within the last five years, has any officer or principal of years, when it failed to complete a construction contract? □ Years 	our organization been an officer or principal of another organization \square No		
 Have any of the owners, officers or major stockholders of your Company been indicted or convicted of a felony or any other criminal conduct? 			
6. Has your company or any of its owners, officers or major	6. Has your company or any of its owners, officers or major stockholders been investigated for or charged with alleged labor		
violations including alleged violations of the Immigration Control and Reform Act, state or local laws regarding employment of immigrants, prevailing wage laws, wage and hour laws or other federal, state or local laws?			
 7. Has your Company ever had a claim against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations?			
8. On a separate sheet, please list major construction proje	cts your organization has contracted during the past 5 years, act amount, date or completion (or percent complete and scheduled		
completion date for work in progress) and percentage of			
Total value of work in progress: Dollar	Total value of work under contract: Dollars		
Annual dollar volume for each of the past 3 years:			
Largest contract completed during the past 3 years:			
Geographical areas in which you prefer to work:			
Your desired project size:			
What work does your firm self-perform?			
What work does your firm subcontract?			

Trade References:				
Company Name:	Contact Person:			
Address:	Phone:			
City/State/Zip:	E-mail:			
Company Name:	Contact Person:			
Address:	Phone:			
City/State/Zip:	E-mail:			
Company Name:	Contact Person:			
Address:	Phone:			
City/State/Zip:	E-mail:			
References:				
Name of Bank:	Contact Person:			
Address:	Phone:			
City/State/Zip:	E-Mail:			
Do you provide data to Dun & Bradstree DUNS No.:	and if so please provide your DUNS #. □ Yes □ No			
If you do not provide data to Dun & Bradstreet, please attach your most current audited financial statement, including your organization's latest balance sheet and income statement.				
Will the organization whose financial sta \Box Yes \Box No	ement is attached act as a guarantor of the contract for construction?			
Surety:				
Name of Surety:	Name of Agent:			
Address:	Address:			
City/State/Zip:				
Phone No.:	Phone No.:			
Bonding capacity per project:	Aggregate capacity:			

Major Supplier / 2nd Tier Subcontractor References:

Company Name:	Contact Person:	
Address:	Phone:	
City/State/Zip:	E-mail:	
Company Name:	Contact Person:	
Address:	Phone:	
City/State/Zip:	E-mail:	
Company Name:	Contact Person:	
Address:	Phone:	
City/State/Zip:	E-mail:	

Safety:

Safety is an integral part of all Benham Constructors, LLC business and constitutes a significant factor in our final Subcontractor Vendor selection. Should you or your lower tier Subcontractors have any questions regarding the requirements for completing the Contractor Safety Questionnaire please go to http://www.benham.com/what-we-do/designbuild for electronic submittal or contact the Benham Corporate Safety Manager.

Complete the referenced Contractor Safety Questionnaire and submit with Subcontractor Pre-Qualification Form and Benham W-9 Template. In addition, include the requested OSHA forms and Letter of Validation for your company EMR rates as referenced in the Contractor Safety Questionnaire.

Note: Benham Constructors, LLC Subcontractors are also responsible for ensuring that each of their lower tier Subcontractors submit the Contractor Safety Questionnaire along with supporting documentation.

I hereby certify that to the best of my knowledge, the above information is correct.

Completed By:

(Print Name)

(Title)

(Signature)

(Date)

IN ORDER TO PRE-QUALIFY WITH BENHAM CONSTRUCTORS, LLC YOU ARE REQUIRED TO PROVIDE AN INSURANCE CERTIFICATE INDICATING AUTO, GENERAL LIABILITY AND WORKERS COMPENSATION COVERAGE. IN ADDITION, YOU MUST SUBMIT FOR APPROVAL THE SUBCONTRACTOR SAFETY QUESTIONNAIRE INCLUDING ALL SUPPORTING DOCUMENTATION.