

**COMPANY INFORMATION**

Company Name:

Postal Address:

Physical Address:

Branch Office Locations:

Main Telephone:

Main Fax:

Website:

Company Type:  Corporation  Partnership.  Sole Proprietor  Other

Date Opened:

Former Names:

Trade/Targeted Work:

Ideal Project Type:

Ideal Project Value:

Number of Employees:

Number of Work Crews:

Federal ID Number:

Licenses (jurisdictions & states, list numbers):

Primary Contact:

Primary Contact Email:

Primary Contact Cell Phone:

Corporate Officer Contact:

Hours of Operation:

Does your company use the Internet / Email for communication?  Yes  No

Is your company able to receive / review plans and specs digitally?  Yes  No

**SWAM CERTIFICATION**

What is your Company's Minority Status?

MBE  WBE  SBE  DBE  N/A  OTHER

Certification Status (please provide a copy of certification):

Priv  Pub  Self  N/A

City:

County:

State:

**EXPERIENCE**

List the categories of work that your organization normally performs with its own forces:

List the major construction projects your organization has completed within the past five years, giving the name of the project, owner, architect and contract amount:

Indicate average contract value for current year:

Indicate range of contract value for current year:

Indicate average annual volume (past five years):

Indicate average contract range (past five years):

**CLAIMS AND SUITS** (If the answer is "Yes" to any of the following questions, please attach details)

Has your organization ever failed to complete any work awarded to it?  Yes  No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  Yes  No

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?  Yes  No

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?  Yes  No

Within the last five years, has your organization received any judgments, claims, arbitration proceedings or suits from second tier subcontractors for the lack of payment?  Yes  No

**BONDING**

Is your company bondable?  Yes  No

Bonding Capacity:

Name of Bonding Company:

Contact Person:

Telephone:

**INSURANCE**

Is your company insured?  Yes  No

Name of Insurance Company:

Contact Person:

Telephone:

Requirements:

1. Sussex Development Corporation must be listed as an additional insured for ongoing and completed operations
2. Waiver of subrogation must be provided
3. 30 Day Notice of Cancellation must be provided
4. All subcontractors must to meet the following insurance limits:

Commercial General Liability: \$1,000,000 – Each occurrence  
 \$2,000,000 – General Aggregate

Automobile Liability: \$1,000,000 – Each Accident

Commercial Umbrella: \$5,000,000 – General Aggregate

Worker Compensation: \$100,000 – Each Employee for Injury by Disease

Yes  No

Is your company capable of meeting the above listed limits?

Provide a Certificate of Insurance listing Sussex Development Corporation as additional insured with this application.

**FINANCIAL**

Indicate your company's projected revenue for the current year:

Indicate your company's revenue for the previous year:

Indicate your company's current backlog of work:

Indicate your company's current credit limit:

Indicate the percentage of your credit limit currently in use:

**SAFETY**

Does your company employ a safety coordinator?  Yes  No

Contact Person:

Telephone:

Does your company require safety training for employees?  Yes  No

Indicate your company's Experience Modification Rate for each of the last five years:

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**REFERENCES**

General Contractor References (list three):

Company Name:

Contact Person:

Telephone:

Company Name:

Contact Person:

Telephone:

Company Name:

Contact Person:

Telephone:

Supplier References (list three):

Company Name:

Contact Person:

Telephone:

Company Name:

Contact Person:

Telephone:

Company Name:

Contact Person:

Telephone:

**ACKNOWLEDGEMENT**

The undersigned certifies the information provided herein is true and sufficiently complete so as not to be misleading.

Contact Name:

Title:

Date Submitted:

**RETURN INFORMATION**

Completed Prequalification Applications may be returned one of three ways:

1. Mail to:  
Sussex Development Corporation  
109 South Lynnhaven Road, Suite 200  
Virginia Beach, VA 23452
2. Fax to 757-422-0398
3. Email to: [estimator@sussexdevelopment.com](mailto:estimator@sussexdevelopment.com)

Thank you for submitting your application. It will be reviewed by our management team and someone will contact you should we have any questions or concerns about your application. Sussex Development looks forward to working with you.