

# Contractor's Pre-Qualification

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

Legal Name of Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

## 1. Contact Information

All bid invites are sent via email using Allied's Procore Bidding Site. Please provide Primary and Secondary Contacts for bid invites.

### Primary Contact

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

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

### Secondary Contact

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

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

## 2. License Information

- |  |                  |                   |
|--|------------------|-------------------|
| <input type="checkbox"/> Pennsylvania          | License #: _____ | Expiration: _____ |
| <input type="checkbox"/> Philadelphia Activity | License #: _____ | Expiration: _____ |
| <input type="checkbox"/> New Jersey            | License #: _____ | Expiration: _____ |

## 3. Types of Work (Check all the apply)

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Education  | <input type="checkbox"/> Food Service                |
| <input type="checkbox"/> Renovation       | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Commercial                  |
| <input type="checkbox"/> Tenant Fit Out   | <input type="checkbox"/> Retail     | <input type="checkbox"/> Multi-Family/Senior Housing |
|   | <input type="checkbox"/> Office     |  |

## 4. Typical Contract Size (Check all the apply)

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-100,000       | <input type="checkbox"/> \$500,000-1,000,000 |
| <input type="checkbox"/> \$100,000-500,000 | <input type="checkbox"/> Over \$1,000,000    |

## 5. Wage Scale (Check all the apply)

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Union, Local # _____ | <input type="checkbox"/> Non-Union | <input type="checkbox"/> Prevailing Wage |
|---|------------------------------------|--|

6. **Minority, Women & Disadvantaged Business Certifications** (Check all the apply)

\*Attach a copy of W/M/DBE Certification to this form.

- Minority Owned Business Enterprise (MBE)  
Certification # \_\_\_\_\_ Certifying Agency: \_\_\_\_\_ Expiration: \_\_\_\_\_
- Women Owned Business Enterprise (WBE)  
Certification # \_\_\_\_\_ Certifying Agency: \_\_\_\_\_ Expiration: \_\_\_\_\_
- Disadvantaged Owned Business Enterprise (DBE)  
Certification # \_\_\_\_\_ Certifying Agency: \_\_\_\_\_ Expiration: \_\_\_\_\_
- Other: \_\_\_\_\_  
Certification # \_\_\_\_\_ Certifying Agency: \_\_\_\_\_ Expiration: \_\_\_\_\_

7. **Trades** (Check all the apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Temp. Office               | <input type="checkbox"/> Finish Carpentry                | <input type="checkbox"/> Flooring<br>(Carpet/Resilient) |
| <input type="checkbox"/> Temp. Storage              | <input type="checkbox"/> Rough Lumber                    | <input type="checkbox"/> Painting                       |
| <input type="checkbox"/> Temp. Fencing              | <input type="checkbox"/> Wall Panels                     | <input type="checkbox"/> Wall Covering                  |
| <input type="checkbox"/> Temp. Toilets              | <input type="checkbox"/> Trusses                         | <input type="checkbox"/> Acoustic Ceiling               |
| <input type="checkbox"/> Temp. Heat                 | <input type="checkbox"/> Millwork                        | <input type="checkbox"/> Specialties                    |
| <input type="checkbox"/> Security                   | <input type="checkbox"/> Roofing                         | <input type="checkbox"/> Toilet/Bath<br>Accessories     |
| <input type="checkbox"/> Final Cleaning             | <input type="checkbox"/> Waterproofing                   | <input type="checkbox"/> Interior Signage               |
| <input type="checkbox"/> Dumpsters                  | <input type="checkbox"/> Spray Fireproofing              | <input type="checkbox"/> Appliances                     |
| <input type="checkbox"/> Equipment Rentals          | <input type="checkbox"/> Thermal Insulation              | <input type="checkbox"/> Furnishings                    |
| <input type="checkbox"/> Printing &<br>Reproduction | <input type="checkbox"/> Joint Sealants                  | <input type="checkbox"/> Special<br>Construction        |
| <input type="checkbox"/> Surveying                  | <input type="checkbox"/> Exterior Sidings &<br>Trims     | <input type="checkbox"/> Elevators                      |
| <input type="checkbox"/> Project Signage            | <input type="checkbox"/> EIFS                            | <input type="checkbox"/> Fire Protection                |
| <input type="checkbox"/> Pest Control               | <input type="checkbox"/> Stucco                          | <input type="checkbox"/> HVAC                           |
| <input type="checkbox"/> Demolition                 | <input type="checkbox"/> Doors, Frames &<br>Hardware     | <input type="checkbox"/> Plumbing                       |
| <input type="checkbox"/> Fencing/Gates              | <input type="checkbox"/> Alum. Storefront &<br>Entrances | <input type="checkbox"/> Electrical                     |
| <input type="checkbox"/> Landscaping                | <input type="checkbox"/> Residential<br>Windows          | <input type="checkbox"/> Site Lighting                  |
| <input type="checkbox"/> Retaining Walls            | <input type="checkbox"/> Overhead Doors                  | <input type="checkbox"/> Fire Alarm                     |
| <input type="checkbox"/> Remediation                | <input type="checkbox"/> Drywall Assemblies              | <input type="checkbox"/> Data &<br>Telecommunication    |
| <input type="checkbox"/> Building Concrete          | <input type="checkbox"/> Ceramic Tile                    |   |
| <input type="checkbox"/> Masonry                    | <input type="checkbox"/> Terrazzo Flooring               |   |
| <input type="checkbox"/> Misc. Metals               |  |   |
| <input type="checkbox"/> Structural Steel           |  |   |
| <input type="checkbox"/> Rough Carpentry            |  |   |

## 8. Insurance

The following are the minimum insurance coverage required by Allied Construction. Note any exceptions in your bid.

<b>i) Comprehensive General Liability Insurance Minimum Coverage:</b>	
(1) General aggregate (per project)	\$1,000,000
(2) Products/Completed Operations aggregate	\$1,000,000
(3) Each occurrence	\$1,000,000
(4) Personal & Advertising Injury	\$1,000,000
<b>ii) Workers' Compensation: Full statutory limit for each accident plus:</b>	
(1) Bodily injury by accident	\$100,000 each accident
(2) Bodily injury by disease	\$100,000 each employee
(3) Bodily injury by disease	\$500,000 policy limit
<b>iii) Motor Vehicle:</b>	\$1,000,000 per accident combined single limit
<b>iv) Umbrella or Excess:</b>	\$5,000,000
<b>v) Pollution Liability:</b>	
Subcontract Value : \$1 - \$2,000,000	
(1) Each occurrence	\$1,000,000
(2) Aggregate	\$1,000,000
Subcontract Value: \$2,000,000 - \$5,000,000	
(1) Each occurrence	\$2,000,000
(2) Aggregate	\$2,000,000
Subcontract Value: Greater than \$5,000,000	
(1) Each occurrence	\$5,000,000
(2) Aggregate	\$5,000,000
<b>vi) Errors &amp; Omissions:</b>	
(1) Each occurrence	\$1,000,000
(2) Aggregate	\$1,000,000

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

**10. Section 3: For Businesses Seeking Section 3 Preference** (optional)

Allied Construction is actively seeking certified Section 3 Businesses for affordable housing construction projects. To qualify as a Section 3 Business, the company must meet one of the following criteria (A or B) and provide support documentation. Please check one of the following:

**A.  The company is 51% or more owned by a Section 3 Resident**

To qualify as a Section 3 Resident, the owner must meet one of the following criteria:

- I am a current resident of Public Housing in Philadelphia **and** will provide a copy of my lease.
- I am a current resident of Philadelphia. My family size is \_\_\_\_\_ persons and my total gross annual family income is \$\_\_\_\_\_. I meet the following income limits for my family size **and** will provide a copy of last year's household tax return (Form 1040 only. W2 not acceptable).

Family Size	Income	Family Size	Income
1	\$45,450	5	\$69,400
2	\$51,400	6	\$74,550
3	\$57,850	7	\$79,700
4	\$64,250	8	\$84,850

**B.  30% of the company's full time permanent employees are Section 3 Residents**

To qualify as a Section 3 Resident, at least 30% of employee meet one of the following criteria:

- I am a current resident of the Philadelphia Housing Authority **and** will provide a copy of my lease.
- I am a current resident of Philadelphia. My family size is \_\_\_\_\_ persons and my total gross annual family income is \$\_\_\_\_\_. I meet the following income limits for my family size **and** will provide a copy of last year's household tax return (Form 1040 only. W2 not acceptable).

Family Size	Income	Family Size	Income
1	\$45,450	5	\$69,400
2	\$51,400	6	\$74,550
3	\$57,850	7	\$79,700
4	\$64,250	8	\$84,850

Allied Construction may request the documents mentioned on this form as evidence of Section 3 Resident status. **I certify that the information provided on the Section 3 Business Pre-Qualification is true and correct.**

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**11. References**

A. Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

B. Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

C. Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

**12. Certification**

**I certify that the information provided on this form is true and correct.**

Print Name & Title: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Email completed Contractor Pre-Qualification forms to subcontractors@altmanco.com or mail to the main office:**

**Allied Construction Services  
ATTENTION: ESTIMATING  
240 New York Drive, Suite 1  
Fort Washington, PA 19034**

**FOR INTERNAL/MAIN OFFICE USE ONLY**

Follow-up call & Procore invite by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicable Projects: \_\_\_\_\_