

## VENDOR PREQUALIFICATION FORM

*Prequalification form will NOT be accepted unless completed in its entirety.*

Company Information					
Legal Business Name			Date		
Street Address			Project (if applicable)		
City		State	ZIP	Mailing Address	
City		State	City		Zip
Company Website Address		Years in Business (Current Name)		# of Employees	
Federal Tax ID #		Telephone Number		Toll Free Number	
Fax Number		Type of Company		Business Type	
<input type="checkbox"/> Subcontractor <input type="checkbox"/> GC <input type="checkbox"/> Supplier <input type="checkbox"/> Both		<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership		<b>Labor Affiliation</b> <input type="checkbox"/> Union <input type="checkbox"/> Section 3 <input type="checkbox"/> Open Shop	
<b>Company Certifications (Please attach Copy of Certificate if appropriate)</b> <b>National Registered:</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE <input type="checkbox"/> VBE <input type="checkbox"/> Section 3 <input type="checkbox"/> Other (List): <b>KCMO Registered:</b> <input type="checkbox"/> MBE <input type="checkbox"/> WBE					
<b>List the corporate officers, partners, proprietors of your firm (If additional space is needed, list on a separate sheet and attach to this form.)</b>					
Name		Title		% of Ownership	
Name		Title		% of Ownership	
Name		Title		% of Ownership	
Name		Title		% of Ownership	
<b>Have any of the above officers ever done business with Cityscape Resident, LLC or its affiliates through another company?</b> <i>If yes, explain on a separate sheet of paper and attach to this form.</i> <div style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>					
<b>Has the Company filed for any bankruptcies, reorganizations, or had any involuntary petition for bankruptcy filed against the Company or its affiliates, or has the Company otherwise sought relief from creditors under similar lawsuits?</b> <i>If yes, explain on a separate sheet of paper and attach to this form.</i> <div style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>					
<b>Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization?</b> <i>If yes, explain on a separate sheet of paper and attach to this form.</i> <div style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div>					

Contact Information				
Principal Contact	Contact's Title	Telephone Number	Cell Phone Number	Email
Principal Contact	Contact's Title	Telephone Number	Cell Phone Number	Email
Principal Contact	Contact's Title	Telephone Number	Cell Phone Number	Email

Project Information
<b>Select the geographical areas from the listing below where the Company is properly licensed and will provide quotes for work.</b> <i>If only a portion of the area, please describe.</i> <input type="checkbox"/> AR <input type="checkbox"/> CO <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> IA <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> MI <input type="checkbox"/> MO <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> NE <input type="checkbox"/> TN

Safety		
List your Experience Modification Rate (EMR) for the last 3 years		Number of OSHA Recordable incidents over the prior 3 years.
Year	Rate	<i>(Data available at www.osha.gov)</i>
Do you have a written safety program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all employees trained in safety requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a company Safety Director or other Safety Professionals on Staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Contact Name	Phone	Email
Has your company, or any of its affiliates experienced a fatality?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance		
Do you currently carry, or can you obtain the following insurance coverages? <i>Please list coverage amounts or attach an Insurance Certificate listing this information.</i>		
Coverage Type	List Coverage Limits	
Worker's Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No		
General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Automobile Liability <input type="checkbox"/> Yes <input type="checkbox"/> No		
Excess Umbrella <input type="checkbox"/> Yes <input type="checkbox"/> No		

Reference		
Project Reference <i>(within last 3 years)</i>		
Project Name	Project Location <i>(City, State)</i>	Completion Date <i>(MM/YY)</i>
Your Firm's Approx. Contract Amount \$	Project General Contractor	GC Contact & Telephone
Briefly describe work performed by your firm:		
Project Name	Project Location <i>(City, State)</i>	Completion Date <i>(MM/YY)</i>
Your Firm's Approx. Contract Amount \$	Project General Contractor	GC Contact & Telephone
Briefly describe work performed by your firm:		
Project Name	Project Location <i>(City, State)</i>	Completion Date <i>(MM/YY)</i>
Your Firm's Approx. Contract Amount \$	Project General Contractor	GC Contact & Telephone
Briefly describe work performed by your firm:		

## References (Con't.)

Major Supplier References <i>(list three most current)</i>			
Company Name		Address	
Contact		Phone	
Company Name		Address	
Contact		Phone	
Company Name		Address	
Contact		Phone	
Bank References			
Financial Institution		Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Scope of Work

Check all scopes of work that your company performs in the "SELF" column. If you subcontract any portion of your work, check those scopes in the "SUB" column.

SELF	SUB	
<input type="checkbox"/>	<input type="checkbox"/>	2000 Site Construction
<input type="checkbox"/>	<input type="checkbox"/>	3000 Concrete
<input type="checkbox"/>	<input type="checkbox"/>	4000 Masonry
<input type="checkbox"/>	<input type="checkbox"/>	5000 Metals
<input type="checkbox"/>	<input type="checkbox"/>	6000 Woods and Plastics
<input type="checkbox"/>	<input type="checkbox"/>	7000 Thermal and Moisture Protection
<input type="checkbox"/>	<input type="checkbox"/>	8000 Doors and Windows
<input type="checkbox"/>	<input type="checkbox"/>	9000 Finishes
<input type="checkbox"/>	<input type="checkbox"/>	10000 Specialties
<input type="checkbox"/>	<input type="checkbox"/>	11000 Equipment
<input type="checkbox"/>	<input type="checkbox"/>	12000 Furnishings
<input type="checkbox"/>	<input type="checkbox"/>	13000 Special Construction
<input type="checkbox"/>	<input type="checkbox"/>	14000 Conveying Systems
<input type="checkbox"/>	<input type="checkbox"/>	15000 Mechanical
<input type="checkbox"/>	<input type="checkbox"/>	16000 Electrical
<input type="checkbox"/>	<input type="checkbox"/>	17000 Consultants

Please list more detailed scope information if desired.  
This information will better ensure we include your firm in the appropriate bid invitations.

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## Acknowledgement of Prequalification Information

Please read and initial each line item below:

- Your prequalification status cannot be determined until the Vendor Prequalification Form is accurately completed.
- Prior to signing any agreement of services, insurance certificates per the agreement, a letter from your surety company, if applicable, and any necessary financial statements shall be provided to obtain a final qualification status.
- By signing below, you acknowledge that you have read the Subcontract Agreement and Purchase Order Agreement sample documents that have been made available in the bid packet and/or on the Cityscape Residential, LLC website.
- Cityscape Residential, LLC and its affiliates reserve the right to request additional information prior to agreement execution.
- I have reviewed the sample contract and certificate of insurance requirements.

### Completed by Authorized Representative:

**CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of Cityscape Residential, LLC and its affiliates.**

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization and that he/she is authorized to sign on behalf of the organization.

**Information Supplied By:**

<b>Print Name</b>	<b>Title</b>
<b>Signature</b>	<b>Date</b>

**INFORMATION PROVIDED IS VALID FOR ONE YEAR. PLEASE NOTIFY CITYSCAPE RESIDENTIAL, LLC AND ITS AFFILIATES OF ANY CHANGES TO THE INFORMATION SUBMITTED.**

Submitted to:  
**Cityscape Residential, LLC**  
 Email: [estimator@cityscaperesidential.com](mailto:estimator@cityscaperesidential.com)  
 Phone: 317.574.1600  
 Fax: 317.789.8800

<i>For Internal Use Only</i>	<i>Initials</i>	<i>Date</i>	<i>Comments</i>
<input type="checkbox"/> Form Completion Review			
<input type="checkbox"/> Company Information Review			
<input type="checkbox"/> Project Information Review			
<input type="checkbox"/> Safety Information Review			
<input type="checkbox"/> Insurance Review			
<input type="checkbox"/> Reference Information Review			
<input type="checkbox"/> Financial Information Review			
<input type="checkbox"/> Scopes of Work Review			