



SETEX

**VENDOR/SUBCONTRACTOR
PRE-QUALIFICATION**

Vendor Information Instructions

Please read these instructions carefully and respond to all questions.

1. The items you will need to attach are based on your responses:
 - a. Current and Past Project Experience
 - b. Minority, Woman, DBE, HUB or Disabled – Veteran Owned Certification Letter
 - c. Applicable Licenses.
 - d. Insurance certificates outlining company, policy number, effective and expiration dates, and limits of coverage for workers compensation, \$2M general liability (including products and completed operations), \$1M automobile liability, and/or umbrella or excess liability.
Certificate of Insurance. SETEX must be listed as additionally insured and a waiver of subrogation WITH the endorsement attached & a 30-day notice of cancellation.
 - e. Worker's Compensation limits will be as required by law, with the minimum on general and automobile liability being \$1,000,000 each occurrence.
 - f. IRS W-9 Form, Request for Taxpayer Identification and Certification.
 2. Return the Vendor Information Form via U. S. Postal Service, e-mail (setex@setexconstruction.com) and/or fax at (409) 842-2274
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Thank you for your interest in SETEX, in order to develop a more complete knowledge of your Company and better match future SETEX opportunities to your Company's capabilities please complete this form and return to:

Submitted to: **SETEX Construction Corp.** Phone: **409.984.3484**
P.O. Box 307 Fax: **409.842.2274**
Port Arthur, Texas 77641 Email: **setex@setexconstruction.com**

Section 1 – Company Information

Company Name: _____ Corporation
Mailing Address: _____ Partnership
City, State, Zip: _____ Individual
Street Address: _____ Joint Venture
City, State, Zip: _____ Other

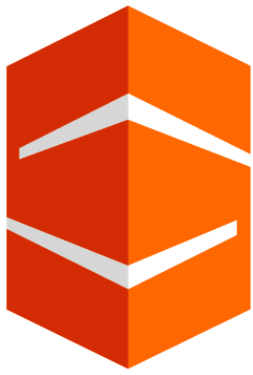
Principal Office: _____ Dun & Bradstreet No.: _____
City, State, Zip: _____ Federal ID or SS #: _____

Phone: _____ E-mail: _____
Fax: _____ Website: _____

Contact Name: _____

Project Name (if applicable): _____

CSI Division/Section or Scope(s) of work you perform: _____



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Section 2 - Organization

1. In what year was your firm established? _____

2. How many years has your organization been in business under its present business name? _____

3. List any former names your organization has operated under:

4. Is your company a subsidiary or affiliate of another firm? Yes No

5.

If yes, what is the parent company's name? _____

6. If your organization is a corporation, to include limited liability corporation, answer the following:

Date of incorporation: _____

State of incorporation: _____

Name of CEO: _____

Name of President: _____

Name of Vice President(s): _____

Name of Secretary: _____

Name of Treasurer: _____

7. If your organization is a partnership, to include limited liability partnership, answer the following:

Date of partnership: _____

Type of partnership
(if applicable): _____

Names of General Partners: _____



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8. If your organization is individually owned, answer the following:

Date of organization: _____

Name of owner: _____

9. If the form of your organization is other than those listed above, describe it and name the principals:

10. Is your firm currently certified as:

- Minority Owned Woman Owned Veteran Owned Disabled-Veteran Owned
- Disadvantaged Business Historically Underutilized Business (HUB) Section 3 8 (a)

11. Please provide MBE/WBE/DBE/or HUB Certification No. _____

Section 3 – Licensing

1. Has a complaint ever been filed with a State Licensing Board against your firm?

If yes, please describe:

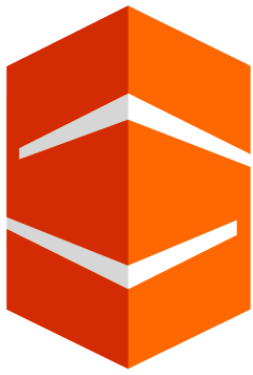
2. Indicate licenses, with license numbers, for which you are qualified to do business, (i.e. electrical, fire protection, state or county business licenses, etc.).

License type _____ License number _____

License type _____ License number _____

Section 4 – Experience

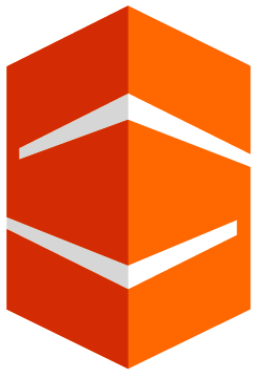
1. Provide the specific categories of work that your organization normally performs:



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2. Has your organization ever failed to complete any work awarded?
If yes, please describe: Yes No
3. Are there any judgements, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last five years?
If yes, please describe: Yes No
4. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years?
If yes, please describe: Yes No
5. Has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract?
If yes, please describe: Yes No
6. List 3 major projects your organization has in progress for the scope of work that you are prequalifying for. Provide the following information for each project:
- Project Name
 - Owner
 - Architect
 - General Contractor
 - GC Contact Name & Phone Number
 - Contract Amount
 - Percentage Complete (your scope)
 - Percentage of Subcontracted Work
 - Scheduled Completion Date
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7. List 3 major projects your organization has completed for the scope of work that you are prequalifying for in the last five years. Provide the following information for each project:

- Project Name
- Owner
- Architect
- General Contractor
- GC Contact Name & Phone Number
- Contract Amount
- Date of Completion
- Percentage of Work Performed with your own Forces

8. Indicate the type of projects in which your company has experience: (check all that apply)

- Commercial / Mixed Use Municipal Health Care Industrial
- Infrastructure Historical Athletics Institutional / Educational
- Religious Performing Arts

9. In what geographic range from your principle office are you willing to travel:

- +/- 100 Miles +/- 200 Miles +/- 400 Miles
- Any Areas _____

10. Indicate the size projects your company can perform: (check only one)

- < \$50K \$50K - \$100K \$100K - \$500K \$500K - \$1M
- \$1M - \$2M \$2M - \$5M \$5M - \$10M > \$10M

11. What scope(s) of work do you typically subcontract to other companies?



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Section 5 - References

1. List 4 trade / credit references. Provide the following information for each reference:
 - Company Name
 - Address
 - Telephone Number
 - Contact Name

Section 8 – Electronic Signature

_____ being duly sworn, deposes and says that the information provided on the prequalification application herein is true and sufficiently complete so as not to be misleading.

Firm Name: _____

By: _____

Title: _____