



# The National Insurance Board

of the Commonwealth of The Bahamas

## PREQUALIFICATION FORM

### Company Information

The information contained on this form will be treated as confidential and used solely to determine your company's qualifications and will not be disclosed to others.

Company Name: \_\_\_\_\_ N.I. #: 

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

Primary Contact: \_\_\_\_\_ Website: \_\_\_\_\_

Directors: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ (land line) \_\_\_\_\_ (cell) Fax: \_\_\_\_\_

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

Type of Business:  Coporation  Partnership  Limited Liability Company  Sole Proprietor  
 Other (Please specify)

Date Founded: \_\_\_\_\_ Location of Incorporation: \_\_\_\_\_  
dd/mm/yyyy

List other names under which your company has conducted business: \_\_\_\_\_  
\_\_\_\_\_

Is your company owned or controlled by a parent Company?  Yes  No

If *yes*, describe on a separate sheet.

### Works Experience

Please list the trades that you are qualified to perform: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the type of work you wish to perform: \_\_\_\_\_

State the dollar range of work you wish to perform: \$ \_\_\_\_\_

Has the Company done work for NIB before?  Yes  No If *yes*, please describe on a separate sheet.

Please provide photocopies of any trade and professional licenses required for you to perform your services.

Has any license ever been denied or revoked?  Yes  No If *yes*, please describe on a separate sheet.

Do you currently hold or have previously held a bahamian business license?  Yes  No If *yes*, please provide dates.



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## PREQUALIFICATION FORM, CONT'D

### Management

Please provide a schedule of your corporate officers, principals and senior managers and their resumes including but not limited to experience in the construction industry, experience at the type of work you are performing, number of years employed at your company, and the number of years employed in their current position in your company.

### Safety

Do you have a full-time Safety representative?  Yes  No

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does your company have a written Health, Safety & Environmental programme?  Yes  No

Will your company produce Safe Work Practices or Job Procedures that address the hazards involved in your scope of works?  Yes  No

Does your company hold regular Safety Meetings with employees?  Yes  No

Is your company in compliance with National Insurance?  Yes  No If *yes*, please provide copy of NIB *letter of good standing*; if *no*, please provide details on a separate sheet.



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## PREQUALIFICATION FORM, CONT'D

### Operations

Please list the five (5) largest contracts that you have completed:

Project	Contract Time	Date Started	Date Completed	Contract Value	General Contractor

Has your company or any other organization with which your officers or owners were involved during the past five years, ever failed to complete any work awarded or been terminated for cause?

Yes     No If *yes*, please attach a detailed explanation

Are there any judgments, claims, arbitration proceedings or suits pending/out-standing against your firm or its officers or principals?

Yes     No If *yes*, please attach a detailed explanation

Has your company filed any lawsuits, or requested arbitration or mediation with regard to construction contracts within the last three years?

Yes     No If *yes*, please attach a detailed explanation

Has your company or any other organization with which your officers or owners were involved during the past three years, been in bankruptcy or a voluntary or involuntary reorganization?

Yes     No If *yes*, please attach a detailed explanation

Has your surety ever finished one of your construction projects?

Yes     No If *yes*, please attach a detailed explanation

Has your company ever been prevented from pursuing public work?

Yes     No If *yes*, please attach a detailed explanation

Has your company ever had a claim made against it for improper, delayed, defective or non-conforming work, or failing to meet warranty obligations?

Yes     No If *yes*, please attach a detailed explanation



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## PREQUALIFICATION FORM, CONT'D

### References

#### General Contractor References:

	Name	Address	Tel.	Fax
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

#### Project Owner References:

	Name	Address	Tel.	Fax
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

#### Supplier/Vendor References:

	Name	Address	Tel.	Fax
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



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## PREQUALIFICATION FORM, CONT'D

### Financial References

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

Address of Bonding Company: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address \_\_\_\_\_

Bonding capacity: \_\_\_\_\_ Single limit \$ \_\_\_\_\_ Total Programme limit: \$ \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address \_\_\_\_\_



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## PREQUALIFICATION FORM, CONT'D

### Work on Hand Report

Contractor: \_\_\_\_\_ As at: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Job Description	Contract Price	Est. cost to Complete to Date	Start Date dd/mm/yyyy	Completion Date dd/mm/yyyy	Bonded?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> Yes <input type="checkbox"/> No



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## PREQUALIFICATION FORM, CONT'D

Include your Financial Statements for the last three years (audited if available) or alternate financial documentation to demonstrate your financial capacity in support of this application as appropriate. If Financial Statements are not available, please describe reason (s) on a separate sheet and provide supporting information that will enable the National Insurance Board to confirm your financial capacity.

### Banking Information

Principal Bank \_\_\_\_\_ Branch: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address \_\_\_\_\_

Secondary Bank \_\_\_\_\_ Branch: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address \_\_\_\_\_

### Additional Information

Please attach any additional information you feel will help us determine your company's qualifications or expertise including prior experience.

I, hereby, certify that the above information and the financial information submitted is accurate, correct and true and understand that NIB will rely on this information as part of its prequalification process.

Completed by: *(print name)* \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Attachments

Bank Authorization Form (To be forwarded to your bank for completion)

Bond Limits Reference Form (To be forwarded to your broker for completion)

This Pre-Qualification documents, including financial information requested above, should be addressed to the Director, NIB, and signed, sealed, marked as confidential and dropped in the pre-qualification box at the Security Booth, Clifford Darling Complex.. A copy should also be sent via Email to [buildings@nib-bahamas.com](mailto:buildings@nib-bahamas.com).

For answers to questions regarding this process, please contact Mr. Osbourne Moxey at (242) 502-1508.



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## BANK AUTHORIZATION FORM

*As part of the contractor prequalification process, it would expedite matters if you executed this document and fax it to your bank requesting that they complete and return the same as soon as possible. Thank you for your cooperation in this matter.*

**Financial institution:** \_\_\_\_\_

**Branch location:** \_\_\_\_\_

**Attention:** \_\_\_\_\_ **Fax number or email:** \_\_\_\_\_

Please be advised that I am authorizing you to provide the required information as set out below. If you have any questions please don't hesitate to contact me. Thank you.

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contractor name:** \_\_\_\_\_

**Phone contact(s)** \_\_\_\_\_

### For Bank Use Only

**Client name:** \_\_\_\_\_

**Authorized operating line** \$ \_\_\_\_\_

**Amount currently in use** \$ \_\_\_\_\_

**Current capacity to provide a Letter of Credit** \$ \_\_\_\_\_

**Positive bank balances** \$ \_\_\_\_\_

**Amount currently in use** \$ \_\_\_\_\_

**Fluctuation in facility** \_\_\_\_\_

**Expiry date of facility:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email completed form to [buildings@nib-bahamas.com](mailto:buildings@nib-bahamas.com), or fax to: (242) 322-2923





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## BOND LIMITS REFERENCE FORM

*As part of the contractor prequalification process, it would expedite matters if you executed this document and fax it to your bonding agent requesting that they complete and return the same as soon as possible. Thank you for your cooperation in this matter.*

**Bonding Agent:** \_\_\_\_\_

**Attention:** \_\_\_\_\_ **Fax number or email:** \_\_\_\_\_

Please be advised that I am authorizing you to provide the required information as set out below. If you have any questions please don't hesitate to contact me. Thank you.

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contractor name:** \_\_\_\_\_

**Phone contact(s)** \_\_\_\_\_

### For Bonding Agent Use Only

**Client name:** \_\_\_\_\_

**Surety company name:** \_\_\_\_\_

**Single project limit** \$ \_\_\_\_\_

**Aggregate limit** \$ \_\_\_\_\_

**Current utilization** \$ \_\_\_\_\_

**Positive bank balances** \$ \_\_\_\_\_

**Expiry date** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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