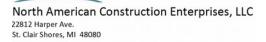
North American Construction Enterprises, LLC

22812 Harper Ave. St. Clair Shores, MI 48080

NACE Subcontractor Pre-Qualifications Form

Company Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	FAX Number:	
Contact:		
Email Address:		
Web Site:		
Year Company was Established:	No. of Years Under Curr	ent Ownership:
BANKING INFORMATION		
Bank Name:		
Contact Name:	Phone I	Number:
Address:		
City:	State:	Zip Code:
Country:		
Bonding Information		
Surety Company:		
Contact Name:	Phone I	Number:
Address:		
City:	State:	Zip Code:
Country:		
Bonding Capacity		
Single Project \$	Aggregate: \$	
INSURANCE INFORMATION		
Insurance Company:		
Contact Name:	Phone Number	
Address:		
City:	State:	Zip Code:

PLEASE ATTACHED COI



NACE Subcontractor Pre-Qualifications Form

VOLUME OF WORK			
Please provide your company's A	nnual Volume of Work for the	past three (3) years	
2014 \$	Desired Project Size		
2015 \$	Maximum \$		
2016 \$	Minimum \$		
SAFETY			
Does your company operate with	n a current and written safety p	program and procedures? Yes	No
Please provide your accident hist	cory for the last three (3) years.		
,	# Manhours Worked	# of Days Lost # of Losses	EMR
:	2014		
;	2015		
;	2016		
REFERENCES			
Please provide three (3) reference	es that you have worked with o	during the past five (5) years.	
Company	Contact Person	Phone Email	
Labor Type	Minority Owned	Veteran Owned Womar	n Owned
Union Non-Union	Yes No	Yes No Yes	□No
Has your company ever operated	d under any other name(s)	□Yes □No	
If yes, what name(s):			
	PLEASE SIGN AND SUBMIT	Г THIS APPLICATION TO: BIL	L QUINN, SENIOR ESTIMATOR BQUINN@NACE-INTL.COM 23812 HARPER AVENUE ST. CLAIR SHORES, MI 48080 FAX: 586.498.9004
		Date:	
	Signature		
Contact Person:		Title:	