



Subcontractor Pre-Qualification Form

Company & Contact Information:

Please let us know some general information about your company:

Full Legal Company Name: _____

Are you using another company name? If yes, please list DBA name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Primary Business Contact: _____ Title: _____

Email: _____ Cell Phone: _____

Years in business: _____ Number of Employees: _____ Do you have a Safety Program? _____

Please let us know where you work and where you are licensed:

State: _____ Region of state (N, SW, entire?): _____ License # _____

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Please List & Attach Certification if you are a WBE, MBE, SBE, DBE, LBE, VBE, other: _____

Principal Contact _____ Field Contact _____

Insurance & Financial Information:

Please let us know that you are set up with appropriate tax, banking, and insurance entities:

Federal ID Number (FEIN): _____

State Tax ID Number: _____ State: _____

State Tax ID Number: _____ State: _____

Bank Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Insurance Company Name: _____ Contact: _____

Phone: _____ Fax: _____ Website: _____

Bonding Company Name: _____ Contact: _____

Phone: _____ Fax: _____ Website: _____

Worker's Comp Carrier: _____ Policy #: _____

EMOD #: _____

*** ATTACH EVIDENCE OF COVERAGE (PROOF OF INSURANCE) ***
LIST PLAN LIMITS AND ABILITY TO ADDITIONALLY INSURE GENERAL CONTRACTOR AND OWNERSHIP

Trade & Experience Information:

Please tell us more about what you do and your past experience:

Trades Performed (list specification division #'s / scopes of work): _____

Any Manufacturer Certifications?: _____

List any work related lawsuits in the last 5 years: _____

Please give us three (3) trade references:

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please tell us about projects you have recently completed (list 5 minimum):

1 Project Title: _____ Location: _____

Contract Amount: _____ Date completed: _____ General Contractor: _____

2 Project Title: _____ Location: _____

Contract Amount: _____ Date completed: _____ General Contractor: _____

3 Project Title: _____ Location: _____

Contract Amount: _____ Date completed: _____ General Contractor: _____

4 Project Title: _____ Location: _____

Contract Amount: _____ Date completed: _____ General Contractor: _____

5 Project Title: _____ Location: _____

Contract Amount: _____ Date completed: _____ General Contractor: _____

Please attach additional sheets as necessary if there is additional information you would like to provide and insufficient space.