

# Subcontractor Pre-Qualification Form

## Contact Information:

Company Name: \_\_\_\_\_  
Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Web Address: \_\_\_\_\_

## Profile Information:

Trade(s) Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic Region(s) Serviced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Structure Type(s) Preferred:

<input type="checkbox"/> Commercial	<input type="checkbox"/> Education	<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Military	<input type="checkbox"/> Religious
<input type="checkbox"/> Residential	<input type="checkbox"/> Retail	<input type="checkbox"/> Transportation	<input type="checkbox"/> Utilities

Other(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Type(s) Preferred:  New  Alterations/Rehabilitations  Interior Fit-Ups

Typical Project Dollar Size: \_\_\_\_\_

Annual Dollar Volume of Work: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Labor Affiliation:  Union  Non-Union  Prevailing Wage

## Business Certifications:

*(Attach documentation from any local, state or federal agency that has certified your company.)*

<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)
<input type="checkbox"/> Woman Business Enterprise (WBE)	<input type="checkbox"/> Local Business Enterprise (LBE)
<input type="checkbox"/> Small Business Enterprise (SBE)	<input type="checkbox"/> Veterans Business Enterprise (VBE)

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Business Certificates/Other(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manufacturer Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade Associations and/or Organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Projects Recently Completed (List 3):**

Project Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

Project Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

Project Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

**Bond Information:**

Bonding Capacity – Per Project: \_\_\_\_\_  
Bonding Capacity – Aggregate: \_\_\_\_\_  
Current Amount Bonded: \_\_\_\_\_  
Bond Rating: \_\_\_\_\_

Surety Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Bonding Rate: \_\_\_\_\_

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**Legal & Financial Information:**

Type of Business:  Corporation  Partnership  Sole Proprietorship

Federal Tax Identification Number: \_\_\_\_\_

Federal License Number: \_\_\_\_\_

Local License Number: \_\_\_\_\_

*Insurance (Limits and Coverage Type):*

Workmen's Compensation: \_\_\_\_\_

General Liability: \_\_\_\_\_

Excess/Umbrella Liability: \_\_\_\_\_

Automobile Liability: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Reference:**

Bank: \_\_\_\_\_

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

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Safety Information:**

Does your company document safety procedures?  Yes  No

Does your company conduct onsite safety inspections?  Yes  No

Does your company conduct onsite safety meetings?  Yes  No

**Experience Modification Rate (EMR) (List last 3 years):**

State: Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_

EMR: \_\_\_\_\_ EMR: \_\_\_\_\_ EMR: \_\_\_\_\_

Interstate: Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_

EMR: \_\_\_\_\_ EMR: \_\_\_\_\_ EMR: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_

*(Please Print)*

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

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