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| Subs | The Pro-Z Group, Inc. |

## Subcontractor Qualification Form Submit form to: melissa.wolf@theprozgroup.com

# Company Information

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| --- | --- | --- | --- | --- |
| Company Name: | |  | Address: |  |
| Federal Tax ID No: | |  |  |  |
| Years in Business: |  | | Business Type: | LLC |
| Phone Number: |  | |  | Corporation |
| Fax: |  | |  | Individual |
| Website: |  | |  | Other - |
| Staff Total: |  | | Bidding Range: |  |
| Bonding Capacity? |  | | Bonding Agent: |  |
| Safety Program: | Yes No | | Agent Phone No: |  |
| Annual Sales | Last Year: | |  |  |
|  | 1st Year Prior: | |  |  |
|  | 2nd Year Prior: | |  |  |

# Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name: | |  | Title: |  |
| Phone Number: | |  | Address: |  |
| Email: |  | |  |  |

# Experience – Current or Completed Projects

|  |  |  |
| --- | --- | --- |
| Project Name: | |  |
| Location: | |  |
| Contact Name: |  | |
| Contract Amount: |  | |
| Type of Work Performed: |  | |

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# Experience – Current or Completed Projects

|  |  |  |
| --- | --- | --- |
| Project Name: | |  |
| Location: | |  |
| Contact Name: |  | |
| Contract Amount: |  | |

Type of Work Performed:

# Experience – Current of Completed Projects

|  |  |  |
| --- | --- | --- |
| Project Name: | |  |
| Location: | |  |
| Contact Name: |  | |
| Contract Amount: |  | |
| Type of Work Performed: |  | |

# Financial Information

**Credit References** – List at least two companies with contact names, email, and phone numbers.

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**Suppliers** – List at least two suppliers that provide your business with credit, include contact names, email, and phone numbers.

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Has your business ever failed to complete a contract? Yes No

If yes, please explain:

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# Additional Information

Please list any additional information you feel will help us determine your business’s qualifications and expertise.

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This questionnaire was completed by:

|  |  |
| --- | --- |
| Printed Name: |  |
| Signature: |  |
| Title: |  |
| Date: |  |