



**SUBCONTRACTOR PRE-QUALIFICATION FORM**

**1 GENERAL INFORMATION**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2 COMPANY ORGANIZATION**

Year Established: \_\_\_\_\_  
 State Where Established: \_\_\_\_\_  
 List of states/metro areas in which authorized to do work (please include license number if applicable).  
 State/License#: \_\_\_\_\_ State/License #: \_\_\_\_\_ State/License #: \_\_\_\_\_  
 Federal Tax ID #: \_\_\_\_\_

**3 COMPANY PROFILE**

Type of Company \_\_\_\_\_ Subcontractor (Furnish and Install)  
 \_\_\_\_\_ Subcontractor (Install Only)  
 \_\_\_\_\_ Supplier (Materials Only)  
 CSI Number(s): \_\_\_\_\_

**4 BONDING AND INSURANCE**

Insurance Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone \_\_\_\_\_  
 Bonding Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone \_\_\_\_\_  
 Total Bonding Capacity: \_\_\_\_\_

**5 PAST PERFORMANCE/REFERENCES**

Provide three past project references

	<i>Project Name</i>	<i>Address</i>	<i>Contract Amount</i>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Provide three client references

	<i>Company Name</i>	<i>Contact</i>	<i>Phone Number</i>	<i>Email Address</i>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

- a. Has the company failed to complete awarded work or been terminated for cause? \_\_\_\_\_
- b. Does the Company or any of the Owners of the Company have any judgements, claims, arbitrations, suits or Liens currently against your organization? \_\_\_\_\_
- c. Have there been any bankruptcies or reorganizations in the last 10 years? \_\_\_\_\_
- d. Within the past five years, has your Company or any of the corporate officers, partners or proprietors of your firm been the subject of any criminal indictment or judgement of conviction for any business-related conduct constituting a crime under state or federal law? \_\_\_\_\_

**6 SAFETY**

Company EMR: \_\_\_\_\_  
Written Safety Program (Y/N): \_\_\_\_\_  
Drug Screening Policy (Y/N): \_\_\_\_\_  
Safety Orientation & Training for all Employees (Y/N): \_\_\_\_\_

**7 PRESENT PERSONNEL**

Current Number of Employees	Full-Time	Part-Time	Contract	Temp
Executives				
Project Managers				
Estimators				
Administrative				
Foreman				
Journeyman				
Laborers				
Others				
Totals				

**8 CAPACITY**

Preferred Contract Size:  
Minimum \$ \_\_\_\_\_  
Maximum \$ \_\_\_\_\_  
Total Annual Capacity \$ \_\_\_\_\_  
  
Union Affiliation (Y/N): \_\_\_\_\_  
If Yes, Enter Local: \_\_\_\_\_

I hereby certify that the information submitted herein, including any attachments is true and sufficiently complete so as not to be misleading.

Completed by: \_\_\_\_\_  
*(Print or Type)* *(Signature)*

Title: \_\_\_\_\_ Date: \_\_\_\_\_