Trade Contractor Prequalification Form

Upland South Construction requires the following of its' trade partners:

- Insurance: any changes in coverage or providers must be communicated to Upland South Construction within 48 hours of said change.
    - General Liability, minimum $1,000,000 coverage
    - Workers Compensation Insurance.
- Project Documentation: photo submission documenting critical and/or concealed work details.

Company Name (Legal): _____ DBA, if applicable: _____

Years in business: _____

Entity Type

☐ Sole Proprietor ☐ Corporation

☐ Limited Liability Company ☐ Partnership

Federal ID Number	
Contracting License Type, Number, State(s) Licensed to operate in	
Business License Number (TN Dep't Rev)	

List all Owners and Ownership Percentages:

Name	Ownership %

Owners Contact Info

Name	Cell Phone	Email Address

Trades Performed:

Does your company have a 24 hours service line (req'd for mechanical, plumbing and roofing)?

☐ Yes: _____ ☐ No

Describe your geographic work boundaries:

Business History

Has your firm, or any organization in which the officers, partners or principals were involved during the past three years ever failed to complete any work awarded? If yes, please explain.

Are there any judgments, claims, arbitrations, proceedings, or suits pending or outstanding against your firm or its officers, partners or principals? If yes, please explain.

Has your firm filed any lawsuits or requested any arbitrations or mediation with regard to construction contacts in the last three years? If yes, please explain.

List your three (3) largest projects in US Dollars for the last three (3) years.

1) Scope of Work:

Address: Project Amount in USD:

Begin Month/Year: _____ End Month/Year: _____

2) Scope of Work:

Name or Address: Project Amount in USD:

Begin Month/Year: _____ End Month/Year: _____

3) Scope of Work:

Name or Address: Project Amount in USD:

Begin Month/Year: _____ End Month/Year: _____

Signature Page

The undersigned acknowledge and testify under penalty of perjury that they are authorized signors of the Company, and also that the information provided in this document is true and complete to the best of their knowledge.

Owner

Name: _____ Date: _____

Signature: _____

Owner

Name: _____ Date: _____

Signature: _____

Owner

Name: _____ Date: _____

Signature: _____