



Subcontractor Pre-Qualification Form

\*Send all completed forms to zac@baldwindg.com

**Contact Information:**

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

**Profile:**

Licensed: Yes \_\_\_\_\_ No \_\_\_\_\_

Bonded: Yes \_\_\_\_\_ No \_\_\_\_\_

Insured (Including Worker's Comp) Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

Region(s) Served: \_\_\_\_\_

\_\_\_\_\_

Years in Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Number of Crews: \_\_\_\_\_

**References:**

#1: Name \_\_\_\_\_ Contact: \_\_\_\_\_

#2: Name \_\_\_\_\_ Contact: \_\_\_\_\_

#3: Name \_\_\_\_\_ Contact: \_\_\_\_\_

Portfolio (list recently completed projects w/ valuation (\$)): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_