



Subcontractor Pre-Qualification Form

*Send all completed forms to john@baldwindg.com & 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 (\$): _____
