

Subcontractor Pre-Qualification Form

General Company Information

Company's Legal Name:	
List all DBA's/Subsidiaries:	
Mailing Address:	
Phone:	
Website:	
Primary Bid Contact:	
Primary Contact Email:	
Year Company Founded:	
Type of Company:	<input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
Current Employee Count:	
Is your company:	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Both

Company's Principals

Name:	Title:
Name:	Title:
Name:	Title:

Additional Information

How many years has your company been in business under current name:
What percentage of the company's work is normally subcontracted:
List the trades you perform with your own forces:
Does your company hold general liability and workers compensation insurance?
Have you ever failed to complete a contract or had a contract terminated:
Any litigation:
List the States in which you work:

Contractor's License(s)

State:	License No:
State:	License No:
State:	License No:
State:	License No:

References (Company, Contact Name & Email/Number, Project)

1.
2.
3.

Current Construction Projects

<u>Name of Project</u>	<u>Owner</u>	<u>Architect</u>	<u>Contract Amount</u>	<u>Scheduled Completion Date</u>

Completed Construction Projects

<u>Name of Project</u>	<u>Owner</u>	<u>Architect</u>	<u>Contract Amount</u>	<u>Date of Completion</u>

The undersigned certifies that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name (Printed): _____ **Signature:** _____

Date: _____ **Title:** _____