



SUBCONTRACTOR PREQUALIFICATION FORM

**PLEASE COMPLETE, SIGN, AND RETURN THIS QUESTIONNAIRE TO
info@sleimanc.com**

COMPANY INFORMATION

Company Name	
Address	
City, State, Zip	
Numbers of years in Business	
Date of Incorporation	
Number of years under present name	
Tax ID #/ FEIN	
Dun & Bradstreet (D-U-N-S ® Number)	
Trade/Material/Service	
Contact Person	
Phone & Fax Number	
Email Address	
Trade License #	
Number of Employees	
Size of Workforce Available	
Current Value of Work on Hand	
Has your company ever filed bankruptcy? If so, why?	
Has your company ever failed to complete any work? If so, where and why?	
What GCs have you worked with in the past?	
List all minority certifications: (Attach Certificates)	

PLEASE PROVIDE COPY OF W-9



TRADE EXPERIENCE

Please check all that apply		
<input type="checkbox"/> Local Government Work	<input type="checkbox"/> Education	<input type="checkbox"/> Institutional
<input type="checkbox"/> Federal Work	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Commercial
Any litigation, claims or arbitration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain. (Attach a separate sheet if necessary)		

LARGEST COMPLETED PROJECTS (AT LEAST 3 PROJECTS)

Project Name	
Location	
Date Completed	
Your \$ Contract Amount	
General Contactor Company	
Contact Person	
Phone Number	
Email	

Project Name	
Location	
Date Completed	
Your \$ Contract Amount	
General Contactor Company	
Contact Person:	
Phone Number	
Email	

Project Name	
Location	
Date Completed	
Your \$ Contract Amount	
General Contactor Company	
Contact Person:	
Phone Number	
Email	

REFERENCES FROM OTHER GENERAL CONTRACTORS

	General Contractor No. 1	General Contractor No. 2	General Contractor No. 3
Company Name			
Contact Person			
Email			
Phone Number			
Highest \$ Amount			

INSURANCE

General Liability Limits:	\$1 million	\$2 million aggregated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automobile Liability:	\$1 million		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workers Compensation:	\$1 million		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE PROVIDE A COPY OF THE CERTIFICATE OF INSURANCE

BONDING

Are you a bondable subcontractor?	Yes	No
If yes, what is your bonding capacity?	Single: _____ Aggregate: _____	
Bonding Agent/Surety		
Address		
City, State, Zip		
Phone/Fax		
Agent Email		
Does your company have a Safety Program?		
Average (within the last three years) yearly Volume of work completed?		



Information of person completing this form:

Full Name:	
Email:	
Phone Number:	

The undersigned certified that the information provided above is accurate to the best of their knowledge and acknowledges that the submission this questionnaire does not automatically includes your company in Sleiman Construction LLC's data base of subcontractors.

Attachments required with this form:

1. W-9 Form
2. Certificate of Insurance

Signature: _____ Date: _____