



# STOBS BROS.CONSTRUCTION CO.

580 N.E. 92nd St. Miami Shores, FL. 33138

Ph 305.751.1692 Fax 305.757.6564

## REQUEST FOR SUBCONTRACTOR PRE-QUALIFICATION

Please returns this form with the requested information to the estimating department via e-mail [DHerrera@stobs.com](mailto:DHerrera@stobs.com) or fax to 305-757-6564. All information must be completed in order for your request to be considered.

COMPANY: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_ DUNS# \_\_\_\_\_

MAIN CONTACT NAME & TITLE: \_\_\_\_\_

MAIN CONTACT E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Scope(s) of Work Performed? \_\_\_\_\_

Number of years in Business: \_\_\_\_\_ Is your company able to provide a  
Payment and Performance Bond?  YES  NO

Bonding capacity? \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Aggregate Per Project

Is your company M/WBE – SBE Certified?  YES  NO

REQUIRED ATTACHMENTS: (check box for provided documents)

1. Attach a current Certificate of Insurance showing all policies and limits

2. If M/WBE-SBE Certified, list type and certifying agency and attach current certificates

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

