



Subcontractor Prequalification Form

Thank you for your interest in Prevost Construction, Inc. Please complete the form below and submit to april@prevostconstruction.net. It is important that all of our subcontractors go through a complete prequalification process. We pride ourselves on maintaining strong and trusting relationships with our clients - we couldn't do it without the support of capable subcontractors. Along with this form, please send a Certificate of Insurance. We look forward to working with you!

Date: _____

Legal Company Name: _____

Other Company Name(s): _____

Do you have a parent company? _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Website: _____

Main Contact: _____

Email: _____

Estimating Contact: _____

Email: _____

Company Type (Circle One):

Corporation LLC Partnership Sole Proprietorship Joint Venture Other

Federal Tax ID: _____

DUNS #: _____

Date Formed: _____

State Formed: _____

MBE Status/#: _____



PREVOST

PREVOST CONSTRUCTION, INC.
PO Box 217, Woodbine, MD 21797
410-549-5522 office | 410-549-1385 fax
www.PrevoStConstruction.net

Trades:

| CSI Section: | Self Performed? | Subcontracted? |
|--------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Sample of Completed Projects:

| Project Name + Description: | GC: | Contact Name & Phone: | Value: |
|-----------------------------|-----|-----------------------|--------|
| | | | |
| | | | |
| | | | |

**Attach separate sheet if necessary*

References:

| Company Name: | Contact Name: | Phone: | Email: |
|---------------|---------------|--------|--------|
| | | | |
| | | | |
| | | | |

Number of Employees: _____

Do you perform wage scale work? _____

Do you have a safety program? _____

Other Information to Note: _____

**Attach separate sheet if necessary*

I certify that the information provided in this Subcontractor Prequalification Form is accurate. I have also attached a copy of our Certificate of Insurance.

Signature of Owner/Officer: _____

Printed Name: _____

Date: _____