

Subcontractor Prequalification Form



Date (Month/Day/Year) _____ Person Completing Form _____

Company Information (Please print or type)

Legal Business Name _____ Company website _____

Address/City/State/Zip _____

Phone _____ Contact Name and Email _____

Fax _____ Second Contact Name and Email _____

National Construction Trade Association Membership

Associated Builders and Contractors Associated General Contractors Other _____

Company Profile

Type of Company Subcontractor (Furnish and Install) Subcontractor (Install Only) Supplier (Materials Only)

CSI Number(s): _____ SIC Number(s): _____

Project Size (check all that apply) \$200,000 or below \$201,000-\$399,000 \$400,000-\$999,999 \$1,000,000 or more

Types of Projects (Check all that apply) Life Sciences Healthcare Schools Government Hospitality

Industrial Office Restaurant Retail Other _____

Geographic Work Areas (List states) _____

Certified Minority Business Enterprise Contractor (MBE)? Yes No Certified Women Business Enterprise Contractor (WBE)? Yes No
Certified by: _____

Do you have experience with LEED/green buildings? Yes No Do you have experience with Design/Build? Yes No

Company Organization

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

Date of Establishment (month/day/year): _____ State Where Established: _____

List of states/metro areas in which authorized to do work (please include license number if applicable):

State/License # _____ State/License # _____ State/License # _____

Federal ID Number _____ Other _____ Other _____

Contractor Parent Company Name _____ Number of Employees (Office and Field) _____

President/Address/Phone _____

Bonding and Insurance

Insurance Company: _____ Insurance Agent _____ Insurance Agent Phone _____

Bonding Company _____ Bonding Company Contact _____ Bonding Contact Phone _____

Total Bonding Capacity \$ _____ Current Available Bonding Capacity/Single Job \$ _____

Please attach insurance certificates.



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Do you currently carry or can you obtain the following insurance coverage?

Workers' Compensation Statutory Maximum at Project Site Location Yes No
General Liability \$1,000,000/\$2,000,000 aggregate Yes No Employer Liability \$1,000,000/per statute Yes No
Automobile Liability \$1,000,000/CSL Yes No Umbrella Liability \$1,000,000/\$1,000,000 aggregate Yes No

Vendor References (Please list three vendor references who you have bought materials from in the last year.)

Company _____ Contact Name _____
Address _____ Contact Phone _____
City/State/Zip _____

Company _____ Contact Name _____
Address _____ Contact Phone _____
City/State/Zip _____

Company _____ Contact Name _____
Address _____ Contact Phone _____
City/State/Zip _____

General Contracting (Please list three general contractors with whom you have worked for in the last year.)

Company _____ Contact Name _____
Address _____ Contact Phone _____
City/State/Zip _____

Company _____ Contact Name _____
Address _____ Contact Phone _____
City/State/Zip _____

Company _____ Contact Name _____
Address _____ Contact Phone _____
City/State/Zip _____

Bank Reference (Please list a bank with whom you have worked within the last two years)

Company _____ Contact Name _____
Address _____ Contact Phone _____



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Recent Projects (Please complete requested information on company's recent major construction projects either completed or in progress or attach list.)

Please make additional copies as needed.

Name of Project _____	Name of Project _____
Client/Owner _____	Client/Owner _____
General Contractor _____	General Contractor _____
Location _____	Location _____
Contract Value _____	Contract Value \$ _____
Description of Work Being Performed _____	Description of Work Being Performed _____
Architect/Engineer _____	Architect/Engineer _____
General Contractor Name _____	General Contractor Name _____
Phone _____	Phone _____
Completion (Planned) Date _____	Completion (Planned) Date _____
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Name of Project _____	Name of Project _____
Client/Owner _____	Client/Owner _____
General Contractor _____	General Contractor _____
Location _____	Location _____
Contract Value \$ _____	Contract Value \$ _____
Description of Work Being Performed _____	Description of Work Being Performed _____



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Architect/Engineer _____	Architect/Engineer _____
General Contractor Name _____	General Contractor Name _____
Phone _____	Phone _____
Completion (Planned) Date _____	Completion (Planned) Date _____

Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits or liens currently against your organization, or have you had any bankruptcies or reorganizations in the last 10 years?

Yes No If yes, please explain. _____

If yes, please explain.

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?

Yes No If yes, please explain. _____

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the subject of any federal or state suspension or disbarment?

Yes No If yes, please explain. _____

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the subject of any formal proceeding or consent order with a state or federal agency involving a violation of state or federal contracting or environmental laws?

Yes No If yes, please explain. _____

Credit Authorization

The submitter of this pre-qualification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms?

Yes No

Dun & Bradstreet Number: _____

Signature of Officer: _____ Date: _____

Return Completed Form ATTN: _____ Title: _____

Company: _____ Fax: _____