



Subcontractor Pre-Qualification 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:	
List the corporate officers, partners or proprietors of your firm. If additional space is needed, list on separate sheet and attach to this form.			
Name/Title/% Ownership:		Name/Title/% Ownership:	
Name/Title/% Ownership:		Name/Title/% Ownership:	
National Construction Trade Association Membership:			
<input type="checkbox"/> Associated Builders and Contractors <input type="checkbox"/> Associated General Contractors <input type="checkbox"/> None <input type="checkbox"/> Other: _____			

Company Profile

Type of Company: <input type="checkbox"/> Subcontractor (Furnish and Install) <input type="checkbox"/> Subcontractor (Install Only) <input type="checkbox"/> Supplier (Materials Only)			
CSI Number(s): _____		SIC Number(s): _____	
Project Size: (Check all that apply) <input type="checkbox"/> \$200,000 or below <input type="checkbox"/> \$201,000 – \$399,000 <input type="checkbox"/> \$400,000 – \$999,999 <input type="checkbox"/> \$1,000,000 or more			
Types of Projects: (Check all that apply) <input type="checkbox"/> Schools <input type="checkbox"/> Government <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Lodging <input type="checkbox"/> Industrial			
<input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Other: _____			
Geographic Work Areas: (List states)			
Certified Minority Business Enterprise Contractor (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified Women Business Enterprise Contractor (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certified by: _____		Certified by: _____	
Do you have experience with LEED/green buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have experience with Design/Build? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Organization

<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> General or Limited <input type="checkbox"/> Joint Venture			
Date of Establishment: _____ / _____ / _____		State Where Established:	
List of states/metro areas in which authorized to do work (please include license number if applicable):			
State/License Number: _____		State/License Number: _____	
State/License Number: _____		State/License Number: _____	
<input type="checkbox"/> Federal ID Number: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
Contractor Parent Company Name:		Number of Employees (Office and Field):	
President/Address/Phone:			



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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 per sample provided.		
Do you currently carry or can you obtain the following insurance coverage:		
Workers' Compensation Statutory Maximum at Project Site Location <input type="checkbox"/> Yes <input type="checkbox"/> No		
General Liability	\$1,000,000/\$2,000,000 aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Liability \$1,000,000/per statute <input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile Liability	\$1,000,000/CSL <input type="checkbox"/> Yes <input type="checkbox"/> No	Umbrella Liability \$1,000,000/\$1,000,000 aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Information

List your experience modification rate (EMR) for the last three years:		Number of OSHA recordable incidents over the last three years: Data available at www.osha.com	
Year:	Rate:	Year:	No.-
Year:	Rate:	Year:	No.-
Year:	Rate:	Year:	No.-
Do you have a written safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all employees trained in safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a company Safety Director or other safety professionals on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Contact Name:		Phone:	

Sales Information Three prior fiscal years; 1 is most recent year; 3 is furthest

Year	Maximum Contract Value Completed	Annual Company Revenue	Current Year Company Workload
Year 1	\$ _____	\$ _____	\$ _____
Year 2	\$ _____	\$ _____	\$ _____
Year 3	\$ _____	\$ _____	\$ _____



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

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:
Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:
Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

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

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:
Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:
Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

Bank References Please list two banks with whom you have worked with in the last two years

Bank Name:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:
Bank Name:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:



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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:

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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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:

Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form 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 individuals identified in the Company Information Section of this form 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 individuals identified in the Company Information Section of this form 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: _____

[Submit Completed Form](#)