



**SUBCONTRACTOR  
PREQUALIFICATION FORM**

**COMPANY INFORMATION**

**Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Phone Number:** \_\_\_\_\_  
**Company Principal(s)/Owners:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**Company Prime Contact for Estimating:** \_\_\_\_\_  
**Email Address for Estimating:** \_\_\_\_\_  
**Company Prime Contact for Field Operations:** \_\_\_\_\_  
**Email Address for Field Operations:** \_\_\_\_\_

**Year Company was established:** \_\_\_\_\_

**Years Under Current Ownership:** \_\_\_\_\_

**If Company has been established for less than 5 years please list Owner's/ Partner's previous experience and employment** \_\_\_\_\_  
\_\_\_\_\_

**LICENSE INFORMATION**

**License Number and Type** \_\_\_\_\_  
**License Limit** \_\_\_\_\_  
**License Expiration** \_\_\_\_\_

**UNION INFORMATION**

**Union/Local Affiliation** \_\_\_\_\_

**BONDING**



Bondable \_\_\_ Yes \_\_\_ No

Bonding Limit \_\_\_\_\_

Broker \_\_\_\_\_

Surety \_\_\_\_\_

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**INSURANCE & TAX**

Insurance Agent \_\_\_\_\_

Insurance Underwriter \_\_\_\_\_

Insurance Certificate (Please attach standard insurance certificate)

EMR Rate \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

**WORK HISTORY**

What services does your firm provide?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many field personnel are typically on your payroll?

\_\_\_\_\_

Revenue:

2016 Actual Revenue \_\_\_\_\_

2015 Actual Revenue \_\_\_\_\_

2014 Actual Revenue \_\_\_\_\_

Maximum Contract Value Performed to Date and for Whom (GC, Project and Date)?

\_\_\_\_\_

Maximum Contract Duration Performed to date (GC and Project)?

\_\_\_\_\_



**Typical Contract Value and Duration your firm prefers?**

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**Was your company named in any law suit in the past three years?**

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**Has your company ever declared bankruptcy or reorganization?**

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**Please provide the following attachments:**

- 1. Insurance Certificates**
- 2. Current Projects Under Contract with Completion Dates**
- 3. References**
- 4. 2022 & 2023 Third Party Financials**
- 5. Proof of Bonding Capacity**
- 6. Bank Reference**
- 7. Safety Program Policy**
- 8. Drug and Alcohol Program Policy**

**Document Prepared by (Sign)** \_\_\_\_\_

**Print** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_