Subcontractor Prequalification Form

GENERAL INFORMATION

Name of Firm: _____

Address: _____

Telephone: _____ **Toll Free:** _____

Fax: _____ **Web Address:** _____

_____ _____

Primary Contact: _____ **Title:** _____

Direct Phone: _____ **Email:** _____

Secondary Contact: _____ **Title:** _____

Direct Phone: _____ **Email:** _____

Main Construction Division:
2-Site Work 3-Concrete 4-Masonry 5-Metals 6-Wood & Plastics 7-Thermal & Moisture Protection
8-Doors/Windows/Hardware 9-Finishes 10-Specialties 11-Equipment 12-Furnishings 13-Special Construction
14-Conveying 15-Mechanical 16-Electrical

Insurance Company: _____
Contact Name: _____ **Phone:** _____

Bonding Company: _____
Contact Name: _____ **Phone:** _____

Regions of Work: _____

Divisions of Work:
CSI Divisions:

Descriptions: _____
_____

Types of Work: ___ Office ___ Retail ___ Healthcare ___ Educational ___ Religious

Certifications:
Type of Labor: ___ Open Shop ___ Union ___ Nat'l Union Agre. ___ Local Union Agre. ___ Prevailing Wage

Union Information: _____

Classifications: ___ WBE ___ SBE ___ MBE ___ State ___ DBE ___ Federal ___ VBE ___ Other:

Legal/Financing:

Type of Business: ___ Proprietorship ___ Corporation ___ Partnership ___ Joint Venture

Years in Business: **Number of Employees:**

Federal Tax ID No.: **D &B Number:**

Incorporated in (State)

Licenses:	**Type**	**Registration Number**
a.		
b.		
c.		

Bank:

Contact Name: **Phone:**

Litigation:

Principals:

Owner(s):

Subsidiaries:

Work History:

___ % Work as GC ___ % Work as a Subcontractor ___ % Work Subcontracted Out

___ Maximum Contract Value ___ Maximum Time Under Contract ___ Average Annual Work Value

Safety:

Safety Program: Yes No

Individual Responsible for Program:

Phone Number:

Lost Work Days Last Year: Fatalities Last Year:

Average Lost Days Last 5 Years: Average Fatalities Last 5 Years:

Incidents of Medical Treatment Last Year:

Experience Modification Rate (EMR) Last Three Years:

Current Year: EMR:

Previous Year: EMR:

Previous Year: EMR:

Safety Record Comments:

References/Project List:

1.

2.

3.

4.

The Undersigned hereby certifies that the information provided on this form accurately references the state of the organization:

Information Provided by:

Title:

Date: