



## SUBCONTRACTOR PREQUALIFICATION FORM

Company Name:

Contact Name:

Registered/Licensed (if applicable) in what States?

Company:

City, State, Zip

Phone Number:

Fax Number:

Mobile Phone #:

E-Mail:

Web Site:

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### SECTION 1: GENERAL INFORMATION

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What type of work is your firm qualified to perform?

How many employees does your organization employ?

Number of Crews/Forepersons

List any licenses/certificates you have which are required for your trade.

Type \_\_\_\_\_ County \_\_\_\_\_ License # \_\_\_\_\_

Type \_\_\_\_\_ County \_\_\_\_\_ License # \_\_\_\_\_

Type \_\_\_\_\_ County \_\_\_\_\_ License # \_\_\_\_\_

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## SECTION 2: INSURANCE/ SAFTEY INFORMATION

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Insurance Carrier:

List the States that the insurance coversers work in:

General Liability Limits \$

Umbrella Policy      Yes       No  Limits \$

Workman's Comp      Yes       No  Limits \$

Commercial Auto      Yes       No  Limits \$

OSHA Certified      Yes       No  # of Years

Any other certifications?

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## SECTION 3: FINANCIAL INFORMATION

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Check the approximate gross annual revenue for the following years:

**Current Year**

**Following Year**

**Year 3**

\$0 - \$100,000

\$0 - \$100,000

\$0 - \$100,000

\$100,000 - \$500,000

\$100,000 - \$500,000

\$100,000 - \$500,000

\$500,000 - \$1,000,000

\$500,000 - \$1,000,000

\$500,000 - \$1,000,000

\$1,000,000 - \$2,000,000

\$1,000,000 - \$2,000,000

\$1,000,000 - \$2,000,000

\$2,000,000+

\$2,000,000+

\$2,000,000+

Financial Statement:

Equipment Inventory:

What is your current credit line:

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## SECTION 4: PERFORMANCE & INTEGRITY

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How many years has your organization been in business as a contractor under your present business name?

How many years experience in construction does your organization have:

As a General Contractor \_\_\_\_\_ As a Subcontractor \_\_\_\_\_

Has your organization ever failed to complete any work awarded? Yes  No

If Yes - Where and why? \_\_\_\_\_



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## SECTION 6: LIST OF REFERENCES

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<u>Distributor</u>		<u>Contact Name</u>		<u>Phone #</u>

If there is any additional information you would like to tell us about your organization, please feel free to attach it with this questionnaire. Please return this form and any other information to my attention at the address below.

Thank you for your interest in working with Summit Building Services L.L.C.