



# Subcontractor Pre-Qualification Form

Today's Date (MO/DAY/YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_ Person Completing Form: \_\_\_\_\_

### Company Information

Company Name:		Company Website:
President/Owner/Partner Name:		Other Contact Name/Title:
Address/City/State/ZIP:		
Phone: (____) _____ - _____		Contact Email:
Fax: (____) _____ - _____		Other Contact Email:
National Construction Trade Association Membership: <input type="checkbox"/> None <input type="checkbox"/> Associated Builders and Contractors <input type="checkbox"/> Associated General Contractors <input type="checkbox"/> Other: _____		

### Structure of Company

<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 # if applicable): <input type="checkbox"/> VA (License: _____) <input type="checkbox"/> MD (License: _____) <input type="checkbox"/> DC (License: _____)					
<input type="checkbox"/> Federal ID #: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
Contractor parent company (company name/president/address/phone):				# of Employees (office and field):	

### Company Profile

Type of Company:		
<input type="checkbox"/> Subcontractor (Furnish & 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"/> \$250,000 or below	<input type="checkbox"/> \$251,000- \$499,000	<input type="checkbox"/> \$500,000 - \$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: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
Geographic Work Areas: (Check all that apply or list states)		
<input type="checkbox"/> Northern VA <input type="checkbox"/> Washington, DC <input type="checkbox"/> Suburban MD <input type="checkbox"/> Other: _____		
Certified Minority Business Enterprise Contractor (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified Woman 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		

### Bonding & Insurance

Name of Bonding Agency:	
Relationship Officer:	
Phone: (____) _____ - _____	Fax: (____) _____ - _____
Bonding Company:	A.M. Best Rating of Bonding Company:
Bonding Capacity Single Job: \$ _____	Bonding Capacity Aggregate: \$ _____
<b>Please attach workers comp and general liability insurance certificates</b>	
What is your workers comp EMR (experience modification rate) for the last 3 years?	
Year _____ EMR _____	Year _____ EMR _____
Year _____ EMR _____	

Amount of work under contract:	\$ _____
Amount of that work not yet completed:	\$ _____



## Subcontractor Pre-Qualification Form

### Trade References:

Please list three trade/vendor references with whom you have worked for in the last year.

1.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	
2.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	
3.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	