



SUBCONTRACTOR PREQUALIFICATION FORM

GENERAL INFORMATION

Company Name:	Previous Company Name (If Applicable):
Telephone Number: _____	Telephone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____
Street Address: _____	Street Address: _____
Province/State: _____	Province/State: _____
Postal Zip Code: _____	Postal Zip Code: _____

ORGANIZATION AND STRUCTURE

PRIMARY CONTACT

President/Owner:
 Name: _____ Title: _____ Phone No.: _____
 Email Address: _____

CFO/COO/CONTROLLER
 Name: _____ Title: _____ Phone No.: _____
 Email Address: _____

PROCUREMENT
 Name: _____ Title: _____ Phone No.: _____
 Email Address: _____

Year Established _____ **License No:** _____ **Fed. Tax ID No:** _____

SERVICES PERFORMED

Construction Facilities	Drywall/Carpentry	Equipment	Residential Multi-facility - High-Rise
Demolition	Architectural Metal and Glass	Vertical Transportation	Residential Multi-facility - Garden Style
Concrete	Architectural Woodwork	Fire Protection	Commercial Low Rise
Masonry	Window Treatments	Plumbing	Commercial High-Rise
Structural Steel	Ceramic Tile/Stone	HVAC	Hotels/Hospitality
Windows/Curtain Wall	Flooring	Electrical	Industrial / Logistic Centers
Roofing	Paint & Wallcovering	Audio Visual	Infrastructure
		Security	Institutional
		Other:	Retail

FINANCIAL / INSURANCE / BONDING / SAFETY / REFERENCES

Revenue:
 Gross Sales Over The Last Four Years

Year 1: \$ _____	Bonding:
Year 2: \$ _____	Name of Surety: _____
Year 3: \$ _____	Bonding Capacity: \$ _____
Year 4: \$ _____	Single Bond Limit: \$ _____
	Available Bonding Capacity: \$ _____
	Aggregate Bond Limit: \$ _____

Insurance:
 Insurance Total Limits: \$ _____ Attached a copy of your current insurance policy and endorsements
 General Liability: \$ _____ Excess Liability \$ _____ Automobile: \$ _____
 Name of Insurance Comp.: _____
 Agent Name: _____

Contracts:
 Contract Size Comfort: \$ _____ Number of Active Contracts: _____ Current Contracts Signed \$ _____
 Portion/Type of work typically subcontracted: _____

Contract References:

Company Name: _____	Contact Name: _____
Services Performed: _____	Contact No.: _____
	Email Address: _____
Company Name: _____	Contact Name: _____
Services Performed: _____	Contact No.: _____
	Email Address: _____
Company Name: _____	Contact Name: _____
Services Performed: _____	Contact No.: _____

General Questions:

Question No. 1: Have the company ever been terminated on any previous contract? If yes, explain _____

Question No. 2: Does the company have any present violations and or judgements? If yes, please explain _____

Safety:
 Present EMR value: _____ Provide a statement of your company safety policy _____

Banking Reference:
 Company Name: _____ Contact Name: _____
 Credit Line: _____ Contact No.: _____
 Email Address: _____

Major Vendor Reference:
 Company Name: _____ Contact Name: _____
 Credit Line: _____ Contact No.: _____
 Email Address: _____

Please Note: Other financial statement and qualified documents will be requested upon review of the information provided here in.