

Subcontractor Pre-Qualification Form

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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 by: _____		Certified Woman Business Enterprise Contractor (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No 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: \$ _____
Please attach workers comp and general liability insurance certificates	
What is your workers comp EMR (experience modification rate) for the last 3 years? Year _____ EMR _____ Year _____ EMR _____ Year _____ EMR _____	
Please attach copy of previous year's OSHA 300 form	

Work in progress

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

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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:	

General Contracting References

Please list three general contractors 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:	

Credit Authorization

The submitter of this prequalification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? **Yes** **No**

Dunn & Bradstreet # _____

Signature of Officer: _____ Date: _____

Return Completed Form ATTN: _____ Title: _____

Company: _____ Fax: _____

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Supplemental Information Form



Please complete requested information on company's recent major construction projects either completed or in progress; or attach list. (Please make additional copies as needed).

Name of Project		Name of Project	
Client/Owner		Client/Owner	
General Contractor		General Contractor	
Location		Location	
Contract Value	\$	Contract Value	\$
Description of Work Being Performed		Description of Work Being Performed	
Architect/Engineer		Architect/Engineer	
General Contractor Contact		General Contractor Contact	
Phone Number		Phone Number	
Completion (Planned) Date		Completion (Planned) Date	
Name of Project		Name of Project	
Client/Owner		Client/Owner	
General Contractor		General Contractor	
Location		Location	
Contract Value	\$	Contract Value	\$
Description of Work Being Performed		Description of Work Being Performed	
Architect/Engineer		Architect/Engineer	
General Contractor Contact		General Contractor Contact	
Phone Number		Phone Number	
Completion (Planned) Date		Completion (Planned) Date	

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