



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: _____		
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: \$ _____	
<u>Please attach workers comp and general liability insurance certificates</u>		
What is your workers comp EMR (experience modification rate) for the last 3 years? Year _____ EMR _____ Year _____ EMR _____ Year _____ EMR _____		
<u>Please attach copy of previous year's OSHA 300 form</u>		

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: _____