



**SUBCONTRACTOR PREQUALIFICATION 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:  None

Associated Builders and Contractors  Associated General Contractors  Other: \_\_\_\_\_

**Structure of Company**

Corporation  Sole Proprietor  LLC  Partnership  General or Limited  Joint Venture

Date of Establishment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State Where Established: \_\_\_\_\_

List of states/metro areas in which authorized to do work (please include license # if applicable): \_\_\_\_\_

VA (License: \_\_\_\_\_)  MD (License: \_\_\_\_\_)

\_\_\_\_\_  DC (License: \_\_\_\_\_)

Federal ID #: \_\_\_\_\_  Other: \_\_\_\_\_

Other: \_\_\_\_\_

Contractor parent company (company name/president/address/phone): \_\_\_\_\_

#of Employees (office and field): \_\_\_\_\_

**Company Profile**

Type of Company:

Subcontractor (Furnish & Install)  Subcontractor (Install Only)  Supplier (Materials Only)

CSI Number(s): \_\_\_\_\_ SIC Number(s): \_\_\_\_\_

Project Size: (Check all that apply)

\$250,000 or below  \$251,000– \$499,000  \$500,000 – \$999,999  \$1,000,000 or more

Types of Projects: (Check all that apply)

Schools  Government  Healthcare  Hospitality  Lodging  Industrial  Office  Restaurant

Retail

Other: \_\_\_\_\_  Other: \_\_\_\_\_  Other: \_\_\_\_\_

\_\_\_\_\_  Other: \_\_\_\_\_

Geographic Work Areas: (Check all that apply or list states)



“ Northern VA “ Washington, DC “ Suburban MD “ Other:

\_\_\_\_\_  
Certified Minority Business Enterprise Contractor (MBE)? “ Yes “ No Certified Woman Business  
Enterprise Contractor (WBE)? “ Yes “ No  
Certified by: \_\_\_\_\_ Certified by:

\_\_\_\_\_  
Do you have experience with LEED/green buildings? “ Yes “ 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: \$ \_\_\_\_\_

**Trade References:**

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

1. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

2. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

3. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

**General Contracting References**



Please list three general contractors with whom you have worked for in the last year.

1. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

2. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

3. Name: Contact:

Address:

City/State/ZIP:

Contact Phone Number/Cell Number:

**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:

\_\_\_\_\_



Please provide all contact information for your team

Does your company have the capability to receive plans electronically? *(please circle)*

Yes

No

**Company Principal(s)**

***Name:***

***Email:***

***Mobile:***

***Name:***

***Email:***

***Mobile:***

**Project Management Staff**

***Name:***

***Email:***

***Mobile:***

***Name:***

***Email:***

***Mobile:***

***Name:***

***Email:***

***Mobile:***

***Name:***

***Email:***

***Mobile:***

***Name:***

***Email:***

***Mobile:***