

Subcontractor Prequalification Form

Company Information

Company Name: _____

Address: _____
Street Address Unit #

_____ _____
City State ZIP Code

Phone Number: _____ Email: _____

Principal Contact: _____ States where you perform: _____ Contractor's License # _____

_____ _____ _____
UEI Number Cage Code Tax ID Number

Please provide the current number of employees: _____

Safety & Experience

Please Provide your Experience Modification Rating (EMR)

<small>Last Year</small>	<small>1st Year Prior</small>	<small>2nd Year Prior</small>

Please Provide a summary of the largest project that has been completed within the past three (3) years

<small>Location</small>	<small>Start/Completion Date</small>	<small>Contract Amount</small>

Do you have prior experience working on a Federal Government project? Yes No

What percentage of your work are Federal Government projects?

Does your firm use certified payroll? Yes No

Do you have experience using Davis-Bacon Wage Rates for a project? Yes No

Financial History

Please provide answers to the following questions. If you answer "Yes" to any of the following, please attach explanations where necessary.

Are there any judgments, claims, arbitrations, proceedings, or suite pending/outstanding against your firm or its officers or principals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your firm, its officers, or principals ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your firm been terminated from a project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Insurance & Bonding Capability

Insurance Firm: _____ Contact: _____ Phone #: _____

	Requirements	Your Firm
Commercial General Limits:	\$2,000,000	
Excess Liability (For Interior Construction)	\$3,000,000	
Excess Liability (For Interior Structural Construction)	\$5,000,000	
Excess Liability (For Exterior Construction)	\$10,000,000	
Automobile Liability	\$1,000,000	
Workers Comp	\$500,000	

<i>Please provide the following bonding information</i>		
Can you provide a Performance Bond? Yes <input type="checkbox"/> No <input type="checkbox"/>	Single Project	Aggregate

Name of Bonding Company	Contact	Phone Number	

Signature

I hereby certify that the information submitted herein is true and sufficiently complete so as not to be misleading.

Completed By: _____ Signature _____

Title _____ Date Completed _____