



SUBCONTRACTOR PREQUALIFICATION - QUICK REFERENCE

For bid-day use only. Full prequalification will be required upon award.

Trade / Scope:

Date:



CONTACT INFORMATION

Company Full Name:

Tax ID / EIN:

Company Address:

Owner Contact:

Name:

Phone:

Email:

COMPANY INFORMATION

Contractor's License #:

Years in Business:

Number of Employees:

Area of Service:

Estimated Annual Revenue (\$):

Average Project Size (\$):

P&P Bond Rate (%):

Single Proj. Bonding Cap. (\$):

Aggregate Bonding Cap. (\$):

Bond Letter: Please attach a letter from your surety company that provides your single and aggregate bonding capacity.

RECENT PROJECTS COMPLETED

Project Name	Value (\$)	Completion Date	General Contractor	PM/Super Contact

ADDITIONAL INFORMATION (OPTIONAL)

EMR (Experience Mod. Rate):

GL Insurance Carrier:

GL Per-Occurrence Limit (\$):

Workforce:

☐ Union

☐ Non-Union

☐ Both

Diversity Cert.:

☐ DBE

☐ MBE

☐ WBE

☐ None