#

**Subcontractor Prequalification Questionnaire**

# Company Information

 **Company Name:**

**Street Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **City:**  |  | **State:**  | **Zip Code:**  |
| **Telephone:**  |  **Fax:**  | **Website:**  |  |
| **Email:**  |  |  |  |
| **Years in business:**  |  **States/Regions in which you work:**  |  |  |

**Entity Type:**

**Sole Proprietor [ ] Partnership [ ] C Corp [ ] S Corp [ ] LLC [ ] Joint Venture [ ] Other [ ] \_\_\_\_\_\_\_\_\_\_\_\_**

**DBE [ ] MBE [ ] FBE [ ] SBE [ ] CSB [ ] Section 3 [ ] EDGE [ ] Other [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Trade Information

 **Trade(s) – Type of Work Performed (List All): Union: Yes [ ] No [ ]**

## Average No. of Employees: Office: \_\_\_\_\_\_\_\_\_\_\_ Field Supervisory: \_\_\_\_\_\_\_\_\_\_ Tradespeople: \_\_\_\_\_\_\_\_\_\_

# Financial Information

 **Fiscal Year Ending Date: D & B Number: Fed Tax ID #:**

**Highest Dollar Project Ever performed: Average Project Dollar Size:**

**Name of Bank:**

 **Contact Name: Phone Number:**

# Insurance Information

Please provide a Certificate of Insurance example indicating coverages and limits.

**Insurance Agent:**

 **Contact: Telephone Number:**

**Email Address:**

**General Liability Limits: (Minimum $1M before umbrella)**

**Aggregate Limits (with umbrella)**

**Additional Insured Endorsement (Required)**

**Policy Expiration Date:**

# Bonding Information

**Is your company able to provide a 100% payment and performance bond? Yes [ ] No [ ]**

**If Yes:**

**Bonding Agent:**

|  |  |
| --- | --- |
| **Contact:**  |  |
| **Telephone Number:**  |  |
| **Email Address:**  |  |
| **Single Project Bonding Capacity:**  | **Aggregate Project Bonding Capacity:**  |
| **Current Amount Under Bond Today:**  |  |

# Litigation Information

**Have you ever defaulted on a contract? Yes [ ] No [ ]**

**Have you ever failed to complete a contract? Yes [ ] No [ ]**

**Have you ever had your contract terminated? Yes [ ] No [ ]**

**Is there current litigation with Owners/GC’s? Yes [ ] No [ ] Any judgments against in the last 5 years? Yes [ ] No [ ] Are Principles of your company in litigation? Yes [ ] No [ ]**

**Have you ever paid liquidated damages? Yes [ ] No [ ]**

**Has your license(s) ever been revoked? Yes [ ] No [ ]**

**If you answered Yes to any question above, please explain below. Use additional pages if necessary.**