



Subcontractor PreQualification Form

Company Name: _____

Company Address: _____

Telephone: _____

Fax # _____

Contact Name: _____

Contact Email: _____

Contact Phone #(s): OFF _____ CELL _____

Type of Work performed by your organization: _____

1. ORGANIZATION

Year Firm was established: _____

What type of Business:

- Sole Proprietorship
- Partnership
- Corporation
- LLC

State Incorporated: _____

Names of Officers of Firm (if incorporated)

President _____

Vice President _____

Secretary _____

Treasurer _____

Names of Owners, Partners or propriertors (if Partnership of Sole Proprietorship):

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Is your firm certified as a Minority or Women Owned Business? If yes, please specify:

2. LICENSES & CERTIFICATIONS

State and License # and attach copy of each License

3. EXPERIENCE

What trades(s) does your company perform? _____

What types of work your company performs?

- | | |
|--|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Education/Schools |
| <input type="checkbox"/> Local Government (DC, MD, VA) | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Correctional |
| <input type="checkbox"/> Interiors / Office | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Base Building | <input type="checkbox"/> Lodging/Hotels |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Food Service |

What is size of project your company typically performs (size and/or volume) :

- | | |
|--|--|
| <input type="checkbox"/> up to 5,000 sf | <input type="checkbox"/> Volume up to \$100,000 |
| <input type="checkbox"/> up to 10,000 sf | <input type="checkbox"/> Volume up to \$500,000 |
| <input type="checkbox"/> up to 50,000 sf | <input type="checkbox"/> Volume up to \$1,000,000 |
| <input type="checkbox"/> up to 100,000 sf | <input type="checkbox"/> Volume up to \$5,000,000 |
| <input type="checkbox"/> greater than 100,000 sf | <input type="checkbox"/> Volume greater than \$5MM |

Has your organization ever failed to complete any work awarded to it? _____

Any judgments, claims, suits pending or outstanding against your organization or officers?

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Provide a list of current projects and status.

Provide a list of projects completed within the past year.

What was your annual volume over the last three years?

2014	_____
2015	_____
2016	_____

Provide a list of key individuals within your organization

Office: _____

Field: _____

Number of Employees _____

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4. REFERENCES

Supplier References:

1 Name _____
Contact _____
Address _____
Phone # _____

2 Name _____
Contact _____
Address _____
Phone # _____

3 Name _____
Contact _____
Address _____
Phone # _____

Client or Character References

1 Name _____
Contact _____
Address _____
Phone # _____

2 Name _____
Contact _____
Address _____
Phone # _____

3 Name _____
Contact _____
Address _____
Phone # _____

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Bonding/Insurance

Company Name _____

Name and address of agent _____

Provide a current certificate of insurance with Corenic name as insured

5. FINANCIAL

Bank References

1 Name _____
Contact _____
Address _____
Phone # _____

2 Name _____
Contact _____
Address _____
Phone # _____

3 Name _____
Contact _____
Address _____
Phone # _____

6. CERTIFICATION

I, the undersigned, hereby certify that the above information is true and correct.

Date: _____

Signature: _____

Name: _____

Title: _____