



## Subcontractor Prequalification Form

### Company Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Names and Titles for All Company Officers and Owners:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Subcontractor Trade Packages you intend to submit pricing for (check or circle each Package of interest)

<input type="checkbox"/>	Division 01	General Conditions	<input type="checkbox"/>	<del>Division 13</del>	<del>Special Construction</del>
<input type="checkbox"/>	Division 02	Existing Conditions	<input type="checkbox"/>	Division 14	Conveying Systems
<input type="checkbox"/>	Division 03	Concrete	<input type="checkbox"/>	Division 21	Fire Suppression
<input type="checkbox"/>	Division 04	Masonry	<input type="checkbox"/>	Division 22	Plumbing
<input type="checkbox"/>	Division 05	Steel	<input type="checkbox"/>	Division 23	HVAC
<input type="checkbox"/>	Division 06	Woods, Plastics & Composites	<input type="checkbox"/>	Division 25	Integrated Automation
<input type="checkbox"/>	Division 07	Thermal & Moisture	<input type="checkbox"/>	Division 26	Electrical
<input type="checkbox"/>	Division 08	Openings	<input type="checkbox"/>	Division 27	Communications
<input type="checkbox"/>	Division 09	Finishes	<input type="checkbox"/>	Division 28	Electronic Safety & Security
<input type="checkbox"/>	Division 10	Specialties	<input type="checkbox"/>	Division 31	Earthwork
<input type="checkbox"/>	Division 11	Equipment	<input type="checkbox"/>	Division 32	Exterior Improvements
<input type="checkbox"/>	Division 12	Furnishings	<input type="checkbox"/>	Division 33	Utilities

Federal Tax ID Number (FEIN): \_\_\_\_\_

SCC ID: \_\_\_\_\_

Dun & Bradstreet Number: \_\_\_\_\_

Name and Contact Information of current Surety Company: \_\_\_\_\_

## Company Documentation

Please provide the following documents and return attached to this form:

1. Provide a Copy of your Virginia Business License
2. Provide a Copy of your Virginia Class A Contractor's License
3. Provide Financial Statement for the last complete fiscal year
4. Provide a current Letter of Credit from your Bank
5. Provide a current Bonding Letter from your Surety

## Company References

Please provide three references for each of the following. Please include contact name, company name, phone number, email address and date of last completed project for each reference (as applicable).

A. Past Completed Similar Projects (Municipal Projects preferred)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

B. General Contractor References

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

C. Material and Equipment Vendors/Suppliers

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

D. Banking References

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Company Structure (Project Specific)

Please provide the name and role of all proposed Project Executives, Project Managers, Superintendents and Foremen who will be working on this project:

Project Executive: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Foreman: \_\_\_\_\_

## Safety

Please Provide the following information for the past 3 years

- A. EMR    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_
- B. TRIR    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_
- C. DART    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

## Information Verification

An Owner/Officer of the company must sign and notarize this form to verify that all information is true and correct. The Subcontractor is solely responsible for the accuracy of the information provided.

Officer Name and Title: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Name and Title: \_\_\_\_\_

Notary Signature and Stamp: \_\_\_\_\_

Date: \_\_\_\_\_