



SUMMIT
BUILDING SERVICES

SUBCONTRACTOR PREQUALIFICATION FORM

Company Name:

Contact Name:

Registered/Licensed (if applicable) in what States?

Company:

City, State, Zip

Phone Number:

Fax Number:

Mobile Phone #:

E-Mail:

Web Site:

SECTION 1: GENERAL INFORMATION

What type of work is your firm qualified to perform?

How many employees does your organization employ?

Number of Crews/Forepersons

List any licenses/certificates you have which are required for your trade.

Type _____ County _____ License # _____

Type _____ County _____ License # _____

Type _____ County _____ License # _____

SECTION 2: INSURANCE/ SAFETY INFORMATION

Insurance Carrier:

List the States that the insurance covers work in:

General Liability Limits \$

Umbrella Policy Yes ☐ No ☐ Limits \$

Workman's Comp Yes ☐ No ☐ Limits \$

Commercial Auto Yes ☐ No ☐ Limits \$

OSHA Certified Yes ☐ No ☐ # of Years

Any other certifications?

SECTION 3: FINANCIAL INFORMATION

Check the approximate gross annual revenue for the following years:

Current Year

Following Year

Year 3

☐ \$0 - \$100,000

☐ \$0 - \$100,000

☐ \$0 - \$100,000

☐ \$100,000 - \$500,000

☐ \$100,000 - \$500,000

☐ \$100,000 - \$500,000

☐ \$500,000 - \$1,000,000

☐ \$500,000 - \$1,000,000

☐ \$500,000 - \$1,000,000

☐ \$1,000,000 - \$2,000,000

☐ \$1,000,000 - \$2,000,000

☐ \$1,000,000 - \$2,000,000

☐ \$2,000,000+

☐ \$2,000,000+

☐ \$2,000,000+

Financial Statement:

Equipment Inventory:

What is your current credit line:

SECTION 4: PERFORMANCE & INTEGRITY

How many years has your organization been in business as a contractor under your present business name?

How many years experience in construction does your organization have:

As a General Contractor _____ As a Subcontractor _____

Has your organization ever failed to complete any work awarded? Yes ☐ No ☐

If Yes - Where and why? _____

SECTION 5: APPLICANT'S EXPERIENCE QUESTIONNAIRE

Project history must reflect experience for all classes of work requested. A contact name and phone number must be provided for each project. List major projects your organization has completed in the last five years. (List most recent projects first.)

[illegible]

SECTION 6: LIST OF REFERENCES

<u>Distributor</u>		<u>Contact Name</u>		<u>Phone #</u>

If there is any additional information you would like to tell us about your organization, please feel free to attach it with this questionnaire. Please return this form and any other information to my attention at the address below.

Thank you for your interest in working with Summit Building Services L.L.C.