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# SUBCONTRACTOR PREQUALIFICATION FORM

## **General Information**

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

Year Company Started \_\_\_\_\_

Trade: \_\_\_\_\_ License Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact (for bidding purposes): \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: (Primary) \_\_\_\_\_

E-mail Address: (Secondary) \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Web Site: \_\_\_\_\_

Is your Company an **MBE, WBE, or HUB**? \_\_\_\_\_

If so, what categories (B, H, A, I, F or D) \_\_\_\_\_

**If so, please attach copies of applicable certificates.**

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Have you completed any LEED certified projects? If so, please indicate

\_\_\_\_\_

Do you have any LEED accredited professionals? If so, please indicate

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**Financial Information**

Please **attach** a copy of your General Liability and Worker Compensation Insurance Certificate.

Is your Company able to provide a Payment & Performance Bond? \_\_\_\_ Yes \_\_\_\_ No  
If so, please provide contact information for your bonding agent.

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Please provide a banking reference.

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**Scope of Projects**

Check the type of projects you typically perform:

- |             |      |                |      |                          |      |
|-------------|------|----------------|------|--------------------------|------|
| Office      | ____ | Hospital       | ____ | Government/Public Safety | ____ |
| Retail      | ____ | Medical Office | ____ | Education                | ____ |
| Hotel       | ____ | Multi-Family   | ____ | Residential              | ____ |
| Worship     | ____ | Industrial     | ____ | Commercial               | ____ |
| Renovations | ____ | Upfit          | ____ |                          |      |

Other \_\_\_\_\_  
(please identify)

Dollar amount of a typical medium sized project for your company:

Less than \$ 25,000	_____	\$ 25, 000 - \$ 50,000	_____
\$ 50,000 - \$ 100,000	_____	\$ 100,000 - \$ 250,000	_____
\$ 250,000 - \$ 500,000	_____	Over \$ 500,000	_____

Dollar amount of largest project completed in the last 3 years \_\_\_\_\_

Average annual work in place for last 3 years \_\_\_\_\_

Amount of work currently under contract \_\_\_\_\_

**Scope of Projects (continued)**

Locations your company regularly works:

South Carolina \_\_\_\_\_  
 North Carolina \_\_\_\_\_  
 Other \_\_\_\_\_

**Safety**

List the number of injuries / illnesses for the three most recent years (use your OSHA 300 logs)

	( )	( )	( )
Number of Lost Workday Cases (Including restricted days - Columns 2 & 9)	_____	_____	_____
Number of OSHA Recordables (Columns 2, 6, 9 & 13)	_____	_____	_____
Number of Fatalities (Columns 1 & 8)	_____	_____	_____

Do you have a company safety program? \_\_\_\_ Yes \_\_\_\_ No

Name of person primarily responsible for company safety: \_\_\_\_\_

**References**

Please **attach** (3) project references including project name, address, general contractor, architect or engineer, completion date and brief description of contract scope you performed.

Please **attach** (3) references from an owner, architect, engineer, material supplier or general contractor including contact name, company, and current telephone number

Submitted by

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date