



PO BOX 266 · MIDLOTHIAN, VA 23113  
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**SUBCONTRACTOR  
PREQUALIFICATION FORM**

**CONTACT INFORMATION**

COMPANY NAME: \_\_\_\_\_ SHIPPING ADDRESS: \_\_\_\_\_  
PRIMARY CONTACT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WEB \_\_\_\_\_

**COMPANY PROFILE**

**TRADES PERFORMED:**

<input type="checkbox"/> Sitework	<input type="checkbox"/> Demolition	<input type="checkbox"/> Concrete	<input type="checkbox"/> Masonry	<input type="checkbox"/> Steel
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Millwork	<input type="checkbox"/> Roofing	<input type="checkbox"/> Caulking	<input type="checkbox"/> EIFS
<input type="checkbox"/> Glass & Glazing	<input type="checkbox"/> Doors, Frames & Hardware	<input type="checkbox"/> Drywall	<input type="checkbox"/> ACT	<input type="checkbox"/> Flooring
<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Painting	<input type="checkbox"/> Specialties	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Plumbing
<input type="checkbox"/> HVAC	<input type="checkbox"/> Electrical	<input type="checkbox"/> Others _____		

GEOGRAPHIC REGIONS SERVICED: \_\_\_\_\_

WORK TYPE(S) PREFERRED:  New  Alterations / Rehabilitations  Interior Fit-Ups

TYPICAL PROJECT SIZE: \_\_\_\_\_ ANNUAL VOLUME OF WORK: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_ LABOR AFFILIATIONS:  UNION  NON-UNION  PREVAILING WAGE

**TYPES OF INSURANCE:**

Business Automobile Liability Amount: \$ \_\_\_\_\_  
 Workers Compensation Amount: \$ \_\_\_\_\_  
 Commercial General Liability Amount: \$ \_\_\_\_\_  
 Commercial Umbrella Liability Amount: \$ \_\_\_\_\_  
 Other: \_\_\_\_\_

**PROJECTS RECENTLY COMPLETED (LIST 3)**

PROJECT TITLE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TRADE(S) PERFORMED: \_\_\_\_\_

CONTRACT AMOUNT: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

OWNER CM/GC: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TRADE(S) PERFORMED: \_\_\_\_\_

CONTRACT AMOUNT: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

OWNER CM/GC: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

TRADE(S) PERFORMED: \_\_\_\_\_

CONTRACT AMOUNT: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

OWNER CM/GC: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_