



**Subcontractor
Pre-Qualification Form For:**

Contact Information:

Company Name: _____

Primary Business Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Web Address: _____ Email: _____

Profile Information:

Trade(s) Performed: _____

Work Type(s) Preferred: New ___ Renovations ___ Property Management ___ Other _____

Typical Project \$ Size: _____ Annual \$ Volume of Work: _____

Years in Business: ___ # of Employees: ___ Bonding Capacity: _____ Dun & Bradstreet # _____

Labor Type: Union ___ Non Union ___ Prevailing Wage ___ Contractor License # (Attach Copy): _____

Business Certifications: Attach documentation from any local, state or federal agency that has certified your company

Minority Business Enterprise (MBE) ___ Disadvantaged Business Enterprise (DBE) ___
Woman Business Enterprise (WBE) ___ Veteran Owned Business (VOB) ___
Small Business Enterprise (SBE) ___ Disabled Veteran Owned Business ___
Other: _____

Insurance Certification: Attach a copy of your current Insurance Certificate including EMR Rating

I understand that prior to starting any work or entering onto the jobsite the Contractor is required to furnish a satisfactory insurance certificate as proof of \$1,000,000 General Liability, Automotive Liability and Worker's Compensation coverage. I also understand that I must enroll in the Picerne mandatory Owner Controlled Insurance Program.

Projects Recently Completed (List 2): Attach a detailed list of current contract obligations and additional references

Project Title: _____ Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Point of Contact: _____ Phone: _____

Project Title: _____ Location: _____

Trade(s) Performed: _____

Contract Amount: _____ Date Completed: _____

Point of Contact: _____ Phone: _____

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Please Attach an Income Statement and Last Three Years Financials