



## **Subcontractor Pre-qualification Form**

### *Company Profile Section*

**Company Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Estimating Contact Name:**

**Phone:**

**Email:**

**Company Type:**

Subcontractor

Supplier

Both

**State Licenses *Please Check All That Apply:***

Maryland

Virginia

Washington D.C.

**Certifications *Please Check All That Apply:***

Small Business (SBE)

Prevailing Wage

Women's Business (WBE)

Historically Underutilized Business (HUB)

Service-Disabled Vet.-Owned Small Business (SDVOSB)

Affirmative Action

Minority Business Enterprise (MBE)

Disadvantaged Business (DBE)

Certified Business Enterprise (CBE)

LSDBE/CBE (DC)

Other:

**Type of Work *Please Check All That Apply:***

New Construction

Renovations

LEED

Other

**Labor Type:**

Union

Open Shop

**Divisions *Please Check All That Apply:***

Division 02-Sitework

Division 03-Concrete

Division 04-Masonry

Division 05-Metals

Division 06-Wood&Plastics

Division 07-Thermal & Moisture

Division 08-Doors&Windows

Division 09-Finishes

Division 10-Specialties

Division 11-Equipment

Division 12-Furnishings

Division 13-Special Construction

Division 14- Conveying Systems

Division 15-Mechanical & Plumbing

Division 16-Electrical

**Scope Details From Above Divisions (description of products/services):**

**Years In Business:**

**Average Project Value Range:**

**Largest Project Value Completed:**

***Legal/Safety Section***

**Is your company or any of its owners or officers currently involved in any litigation, mediation, arbitration or prosecution or defense of formal claims in connection with any contract, project, or subcontract?**

No      Yes (Explain)

**Has your company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete a contract, or been asked to post collateral against a loss?**

No      Yes (Explain)

**OSHA Citations: Has your company had a federal or state OSHA citation within the last (3) years?**

No      Yes (Explain)

## *References Section*

### **Reference 1**

Company:

Contact Name:

Phone:

Email:

Relationship:

Project Owner

Architect

General Contractor

Subcontractor

### **Reference 2**

Company:

Contact Name:

Phone:

Email:

Relationship:

Project Owner

Architect

General Contractor

Subcontractor

## *Attachments Sections*

### **Required Attachments:**

- Sample certificate of insurance
- EMR Ratings for Last (3) years
- Additional Information