



**SUBCONTRACTOR
PREQUALIFICATION FORM**
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General Company Information		
Type of Work / Service / Material		
Company Legal Name		
Mailing Address		
Street Address		
Phone		Fax
Website		
Years in Business (under current name)		
Type of Company	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC	
Number of Employees	Office Personnel	Field Supervisors Field Labor
Federal Tax ID		State Sales Tax No.
Company or Owner Bankruptcy last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)	
Estimating Contact(s) Information		
Estimating Contact 1		
Phone Number		
Email Address		
Estimating Contact 2		
Phone Number		
Email Address		

Project Information		
Project Contract Range (\$)		
Annual Volume (\$)	This Year	Last Year Prior Year
State(s) where work performed		
Has company ever defaulted on a project?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)	
Please provide information on three significant projects in the past three years. Use additional attachments as necessary.		



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Project Name	Scope	Contract Amount	Reference Contact (name, phone, email)

Insurance / Banking Information

Insurance Company			
Address			
Insurance Agent Name		Phone Number	
	Please provide a Certificate of Insurance with current limits.		
Bank (Name/Branch)			
Contact Name		Phone Number	

Legal Information

Are there any judgments, claims, arbitration proceedings, or suits pending / out-standing against your firm or its officer or principals?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)
Has your company been involved in any lawsuits, arbitration or mediation with regard to construction contracts within the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain in attachment)

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Authorized Signing Officer

Date

Printed Name

Title

Please return completed form to ap@connollybrothers.com along with a certificate of insurance and a completed W-9. Thank you. We look forward to working with you.