



COMMERCIAL CONSTRUCTION SERVICES

SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

Company Name: Contractors License No.

Address License Expiration Date

City State Zip Classification of License

Phone Fax Your Trade(s)

Email

Estimators Name

What size projects are you most comfortable with?

How long do you need to bid a project? Are you interested in Prevailing Wage projects? Y N

Liability Insurance Broker: Phone No. Limits

Workers Comp Broker: Phone No.

THREE RECENTLY COMPLETED PROJECTS

Project Name: General Contractor or Owner Name:

Location Contract Amount

Project Name: General Contractor or Owner Name:

Location Contract Amount

Project Name: General Contractor or Owner Name:

Location Contract Amount

THREE CLIENT REFERENCES

Company Name

Contact Name Phone

Company Name

Contact Name Phone

Company Name

Contact Name Phone

Additional information or comments you would like to provide:

Completed by: Date

