SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete this form with as much detail as possible to assist us in evaluating your company's qualifications.

Full Name of Company: _____

Street Address: _____

_____

Mailing Address: _____

(check if same as above ☐) _____

Business Phone: _____

Fax Number: _____

E-mail Address: _____

Authorized Signer(s): _____

Contractor's License Number and State: _____

Expiration Date: _____

Classification: _____

Federal Tax ID#: _____

Type of Work Performed: _____

Note: Please attach a copy of your State Contractor's License to this Form

How long has your Company been in business? _____ With the same License Number? ☐ Yes ☐ No

If less than 5 years, please indicate former License Number and Classification:

What, if any, are your Contract Limitations: $ _____

Is your Company incorporated? ☐ Yes ☐ No In what state? _____ Incorporated in what year? _____

Names, Titles, Phone Numbers and Email Addresses of Officers (attach additional sheets if necessary):

Name: _____ Title: _____ Direct Number: _____

Mobile Number: _____ E-mail Address: _____

Name: _____ Title: _____ Direct Number: _____

Mobile Number: _____ E-mail Address: _____

Name: _____ Title: _____ Direct Number: _____

Mobile Number: _____ E-mail Address: _____

SUBCONTRACTOR PRE-QUALIFICATION FORM

FB&E Facility Builders & Erectors Inc.
Building Solutions Defined and Delivered

If not incorporated, is your company a Sole Proprietorship? _____

If Sole Proprietorship please provide Social Security Number: _____

If a Partnership, please name partners:

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Liability Insurance Coverage: Does Your Company Meet FB&E's Insurance Requirements? ☐ **Yes** ☐ **No**

General Liability Insurance Carrier: _____

Policy Number: _____ Effective Date: _____ Expiration Date: _____

Auto Liability Insurance Carrier: _____

Policy Number: _____ Effective Date: _____ Expiration Date: _____

Worker's Compensation Insurance Carrier: _____

Policy Number: _____ Effective Date: _____ Expiration Date: _____

Does your Company have Professional Liability Insurance? ☐ Yes ☐ No ****Please Provide A Proof Of Insurance Certificate Along With This Form****

Estimator, Office Manager and Accounting Contact Information:

Estimator: _____ Email Address: _____

Office Manager: _____ Email Address: _____

Accounting Contact: _____ Email Address: _____

References:

Company: _____ Contact: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Company: _____ Contact: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Company: _____ Contact: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Company Safety Program:

I hereby certify that _____ currently has a written Safety Program.