

## Subcontractor Prequalification Form

Project: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### Company Type:

- Corporation       Partnership       Individual       Joint Venture  
 Other: \_\_\_\_\_

### If Certified:

- Minority       Woman Owned       Disadvantaged       Other: \_\_\_\_\_  
Certifying Agency: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

### Type of Work:

- HVAC       Electrical       Plumbing       Other: \_\_\_\_\_

How many years has your company been in business under its present name? \_\_\_\_\_

Under what other or former names has your company operated under? \_\_\_\_\_

If your company is a corporation, please answer the following:

- ❖ Date of Incorporation: \_\_\_\_\_
- ❖ State of Incorporation: \_\_\_\_\_
- ❖ President's Name: \_\_\_\_\_
- ❖ Vice President's Name: \_\_\_\_\_
- ❖ Secretary's Name: \_\_\_\_\_
- ❖ Treasurer's Name: \_\_\_\_\_

If your company is a partnership, please answer the following:

- ❖ Date of Organization: \_\_\_\_\_
- ❖ Type of Organization: \_\_\_\_\_
- ❖ Name (s) of General Partner (s): \_\_\_\_\_

If your company is individually owned, please answer the following:

- ❖ Date of Organization: \_\_\_\_\_
- ❖ Name of Owner: \_\_\_\_\_

If the form of your company is other than those listed above, describe it and include the name of the principals:

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**Licensing:**

List jurisdictions and trade categories in which your company is legally qualified to do business, and **indicate registration or license numbers, expiration and limits**, if applicable: \_\_\_\_\_

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List jurisdictions in which your company's partnership or trade name is filed: \_\_\_\_\_

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**Experience:**

List the categories of work that your organization normally performs with its own forces: \_\_\_\_\_

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Has your organization ever failed to complete any work awarded to it? \_\_\_\_\_

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? \_\_\_\_\_ if yes, attach details.

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last 5 years? \_\_\_\_\_ if yes, attach details.

Within the last 5 years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? \_\_\_\_\_ if yes, attach details.

State total worth of work in progress and under contract: \_\_\_\_\_

State average annual amount of construction work performed during the past 5 years: \_\_\_\_\_

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- ❖ Attach a list of major projects your company has in progress. List the name of the project, owner, architect, contract amount and scheduled completion date.
- ❖ Attach a list of projects completed in the last 5 years, giving name of project owner architect, contract amount and date of completion.
- ❖ Attach a list of construction experience and present commitments of key individuals of your company.

**References:**

Trade References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_  
Name & Address of Agent: \_\_\_\_\_  
\_\_\_\_\_

*(Please attach a sample bonding letter.)*

Note – Spring Contracting Group reserves the right to request additional financial information, including audited financial statements, prior to the award of subcontract.

**Signature:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**(SEAL)**