



SUBCONTRACTOR QUALIFICATION FORM

Name of Company: _____

Physical Address: _____

Contact Person(s): _____

Office Phone #: _____ Cell Phone #: _____

Fax #: _____ Email: _____

Scope of work (i.e. carpentry, electrical, etc.): _____

Number of years in business: _____ Union or Non-Union: _____

Number of employees: _____ Number of crews: _____

Does your company carry workers compensation and general liability insurance?
Include limits for each coverage. _____

In what states have you performed work or carry a license to work? _____

List buildings you have constructed, restaurants and drug stores listed first:

List three (3) references for which you have recently performed work (include
company name, address, telephone number and contact person).

Provide name and contact information of one materials supplier you have recently
used: _____