

# Subcontractor and Supplier Prequalification Form

**General Information:** Subcontractor       Supplier

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date Founded: \_\_\_\_\_

 Corporation     Partnership     Sole Proprietor     LLC     LLP     Other**Key Personnel:**

Senior Managers: \_\_\_\_\_ Administrative: \_\_\_\_\_

\_\_\_\_\_

Field Personnel: \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

**Financial History:**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bond Limits: \$ \_\_\_\_\_ (per project)    \$ \_\_\_\_\_ (aggregate)

Total Dollar Value of Work Completed During the Past Two Years: 200\_\_ \$ \_\_\_\_\_, 200\_\_ \$ \_\_\_\_\_

**Bidding Interest:**

Type of Work: \_\_\_\_\_ Preferred Project Cost Range: \$ \_\_\_\_\_

Type of Projects:  Single Family     Tenant Build-Out     Light Commercial     Metal Bldg.     Other

List Work/Trades Normally Performed/Furnished In-House: \_\_\_\_\_

List Work/Trades Normally Subcontracted to Others: \_\_\_\_\_

**Other Information:**

Written Safety Program ( Y / N )    Written Drug Policy ( Y / N )    Pending Suits/Judgments ( Y / N )

**PLEASE ATTACH COPIES OF YOUR REFERENCES, INSURANCE AND LICENSES - VERY IMPORTANT****References:** Include a minimum of three general contractor references that you have worked with in the past two years.**Insurance:** Include a current certificate of insurance sent directly from your insurance agent's office. Please refer to the Media Center on our website for Subcontractor Insurance Requirements. [www.dunbar-construction.com](http://www.dunbar-construction.com)**Licenses:** Include copies of your Occupational License and any Certified or Registered licenses that apply.

Please complete this form and return to (407) 834-1895 or P.O. Box 161924, Altamonte Springs, Florida 32716.