

# SUBCONTRACTOR PRE-QUALIFICATION FORM



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## 1. SUBCONTRACTOR IDENTITY

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

Area of Expertise: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax ID or SS Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Type of Company:  Sole Proprietorship  Corporation  Partnership  LLC

Date Company Formed: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

States in which the company is legally qualified to do business (Include type and license numbers): \_\_\_\_\_

Names and titles of key personnel in company: \_\_\_\_\_

Has the company operated under any other name in the past five years?  Yes  No

If yes, give name(s): \_\_\_\_\_

Does the company have offices, plants, or warehouses at other locations?  Yes  No

If yes, give location(s): \_\_\_\_\_

## 2. MBE/WBE/SBE CERTIFICATION

Is the company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), or any other type of certified business enterprise?  Yes  No

If yes, which type? \_\_\_\_\_

## 3. FINANCIAL INFORMATION

Does the company have a line of credit from any lending institution?  Yes  No

If yes, provide details: \_\_\_\_\_

Lender's Name, Address, Officer's Name, Phone: \_\_\_\_\_

Do you have the ability to bond projects?  Yes  No If yes, date of last bonded project: \_\_\_\_\_

Single project limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

Bonding Company Name, Address: \_\_\_\_\_

## 4. SAFETY RECORD

In the past five years, has your company or any of its key personnel been investigated for or found to have committed a serious OSHA violation?  Yes  No

If yes, provide details: \_\_\_\_\_

What is your current Workman's Compensation EMR rate: \_\_\_ Please attach a copy of current EMR

Do you have a written employee safety policy and program?  Yes  No

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Are there any open or aggregate liability claims that would impair your ability to insure any project?

Yes (Attach explanation)     No

## **5. OTHER INFORMATION**

Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?

Yes     No    If yes, give date: \_\_\_\_\_

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers?

Yes     No    If yes, give details: \_\_\_\_\_

Have you ever failed to complete a contract, been defaulted, or had a contract terminated?

Yes     No    If yes, give dates and details: \_\_\_\_\_

In the past five years, has your company or any of its key personnel been involved in any lawsuits arising from construction projects?     Yes     No. If yes, give details: \_\_\_\_\_

## **6. REFERENCES** - Attach extra sheet if necessary

**Current Projects** (Include name of project, scope of work, contract amount, and completion date)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Trade References** (List three of your subcontractors or suppliers; include name, contact, and phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client References** (List three clients, include name and phone number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.**

**Name (Printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Please send completed pre-qualification form to Pyramid Contracting at either of the following:

- Email: [wanda@pyramidcontracting.com](mailto:wanda@pyramidcontracting.com)
- Fax: 803.732.6881