



Contractor Pre-Qualification Form

Business Information

Legal Business Name _____

Primary Contact _____

Company Primary Address _____

Company Satellite Locations _____

Work Phone _____ Mobile Phone _____

Email _____

Confirm Email _____

Union/Non-Union

Please check one box: Union Non-Union

If Union, Name of Union _____

What Trade(s) _____

Scope of Self-performed Work _____

Bonding/Surety Information

Surety Name _____

Bonding Agent Company/Contact _____

Bonding Capacity per Job _____

Bonding Capacity Aggregate _____



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Insurance Information

General Liability

General Aggregate Amount: _____

Each Occurrence Amount: _____

Automobile Liability (Any Auto)

Amount: _____

Excess Liability (Umbrella)

Amount: _____

Professional Liability

Amount: _____

Please check any that apply:

<input type="checkbox"/>	Small Business
<input type="checkbox"/>	Small Disadvantaged Business (SDB)
<input type="checkbox"/>	Women-Owned Small Business (WOSB)
<input type="checkbox"/>	Veteran-Owned Small Business (VOSB)
<input type="checkbox"/>	Service-Disabled Veteran-Owned Small Business (SDVOSB)
<input type="checkbox"/>	Small Business Administration HUBZone Certified
<input type="checkbox"/>	8(a) Certified -Proof of SBA Certification

Please attach any additional information:

- A list of projects that your organization has completed in the last two years with description of scope & key employees
- The last three years of financial statements including a balance sheet and income statement
- A copy of your certificate of insurance with endorsements
- A copy of your W9
- A copy of your most recent Experience Modification Rate letter if applicable
- If you have a union affiliation, you will need a letter confirming that you are current with all dues
- If you have any registered designations (MBE, DHBE, WBE, etc.) we will need a copy of your certificate