



"A Construction Leader"

SUB-CONTRACTOR PRE-QUALIFICATION FORM

Company		
Company Name:		
Federal Identification Number:		
Phone:		
Address:		
City, State, Zip:		
What year was company founded:		
Type of Company: ___Corporation ___Partnership ___Sole Proprietor ___LLC _____Other (Explain)		
Business Certifications, organization and number (ie. Small Business:DGS #20060XXX)		
Minority:	Woman Owned:	
Small Business:	Disadvantaged:	
Disabled:	Disabled Veteran:	
Other:	Other:	
Trade and License		
List company trade(s) (ie. painting, dry wall, carpentry, framing, electrical, plumbing):		
List license number, classifications, expiration date: (ie.740908, A, B, C35 SEPT 2012)		
Bonding / Worker's Compensation		
Are you bondable: circle one Yes No Bonding Rate is: _____%		
Who is your bonding company:		
Who is your insurance broker:		
Who is your worker's compensation carrier:		Expiration Date:
List company's worker's compensation experience modification rate for the past 3 years:		
1)	2)	3)
Project Experience		
What is the largest single contract awarded in the past 3 years: \$		Start Year:
Description/Name of that project:		
List 3 most recent projects:		
Contract Value:\$	Year Started:	Description:
Contract Value:\$	Year Started:	Description:
Contract Value:\$	Year Started:	Description:
Estimating Contact		
Name:	Email:	
Phone:	Fax:	

Today' Date:

Signature of Preparer:

Printed Name of Preparer:

Position:

Fax to 760-480-8782 or email to lcorson@swgeneral.net

If you have questions call 760-480-8747

Thank You