

COUNTY CONSTRUCTION LLC.

General Contractor * Construction Management

Subcontractor Pre-Qualification Form

Today's Date (Mo/Day/Yr): _____ / _____ / _____ Person Completing Form: _____

Contact Information

First Name _____ **Last Name** _____

Title _____

Phone _____ **Fax:** _____

Email _____ **Cell:** _____

Company Information

Company Name _____

Street Address _____

Suite/PO Box _____

City _____

Phone _____

Company Website _____

Federal ID# _____ **Number of Employees** _____

Dun & Bradstreet# _____ **Annual Volume** _____

Union _____ **Bondable** **Yes** **No**

Non-Union _____ **If Yes, Bonding Capacity** _____

Structure of Company

Corporate **Sole Proprietor** **LLC** **Partnership** **General or Limited** **Joint Venture** List of

Company Function

Type of Company

Subcontractor (Furnish & Install) **Subcontractor (Install Only)** **Supplier (Materials Only)**

Licensing

List of states/metro areas in which authorized and insured to do work (Please include license# if applicable):

NJ (Lic# _____) **NY (Lic# _____)** **Penn (Lic# _____)**

Conn (Lic# _____) **Other (Lic# _____)**

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Other Information

- Does your company have a written safety program? Yes No
- Has OSHA cited your company in the last 5 years? (If yes, explain on an attachment) Yes No
- Are you currently involved in any lawsuits related to work in progress or completed work? (If yes, explain on an attachment) Yes No
- Has your organization ever failed to complete any work awarded to you in the last three (3) years? (If yes, explain on an attachment) Yes No
- Any outstanding judgment, claims, arbitration? (If yes, explain on an attachment) Yes No

References

Please list three (3) client references from the past year

Client Name:	Phone:	Project Name/Description:

Please list three (3) client references from the past year

Supplier Name:	Phone:	Project Name/Description:

Insurance

County Construction's sample of certificate of insurance requirements are listed on our website.

- All subcontractors working on County Construction's projects are required to provide copies of certificates of insurance as proof of coverage for each project awarded.
- All subcontractors must have General Liability and Workers Compensation coverage

Signature

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading

Signature: _____

Signed By (Please print or type): _____

Title (please print or type): _____ Date: _____