



SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete the form below and email (form and all attachments) to estimating@capwestdev.com or fax to 702-221-5635. If all information is not provided and all attachments are not submitted – this will significantly delay approval or your prequalification could be rejected. Please note that this is a preliminary prequalification form and includes only our minimum requirements. Additional information may be requested by the job owner or due to the type of work to be performed.

GENERAL COMPANY INFORMATION:

Company's Legal Name:	
DBA (if any):	
Mailing Address:	
Street Address:	
Contract Numbers:	Phone: Fax:
Website:	
License No./Class:	
Bid Limit:	
Estimating Contact:	
Email Address:	
Type of Company (circle one):	C Corporation S Corporation Partnership Sole Proprietor LLC Other

Are there any affiliated subsidiaries? (If yes, please name them):	
State Unemployment Insurance Number	
Number of Employees	
Minority Business Enterprise Status (please circle on if applicable)	MBE WBE DBE SBE Certifying Agency: <i>*Please attach copies of all certifications regarding your MBE status</i>

COMPANY'S PRINCIPLES:

Name:	Title:
Email:	Phone:
Name:	Title:
Email:	Phone:
Name:	Title:
Email:	Phone:
Name:	Title:
Email:	Phone:

SURETY INFORMATION:

Current Surety Company:		
Broker Agent Name:		Phone:
Address:		Email:
Bond Rates:	<u>Volume</u> \$100,000- \$500,000- \$1M- \$2M- \$5M-	<u>Bond % Rate</u>

Single Project Bonding Capacity:	\$
Aggregate Bonding Capacity:	\$

SAFETY INFORMATION:

Company Safety Professional:	
Telephone:	
Email:	
Do you have a written safety and health program/manual? (If so, please include a copy)	

WORK HISTORY:

Any active litigation with Owners/General Contractors? (If yes, please explain)	
Any judgements against you in the last 3 years? (If yes, please explain)	
Has your company ever been assessed liquidated damages? (If yes, please explain)	
Any labor law violations? (If yes, please explain)	
Have you ever defaulted or failed to complete a contract? (If yes, please explain)	
Have you ever been terminated from a contract? (If yes, please explain)	
Have you ever had your license revoked or suspended? (If yes, please explain)	
Has your company ever filed Bankruptcy? (If yes, please explain):	
Do you have a D&B number? (If yes, please list your number)	

Please attach a list of 5 significant projects within the last 3 years to include volume, scope of work and contract amount and your project list for the last 12 months.

INSURANCE INFORMATION (ATTACH COPY OF INSURANCE CERT)

Insurance Broker Name:	
Address:	
Email:	
Phone:	

CUSTOMER REFERENCES

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

CREDIT REFERENCES

Company Name:		
Contact Name:		Title/Position:

Phone Number:		Email:
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Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

Company Name:		
Contact Name:		Title/Position:
Phone Number:		Email:

In order for your company to be approved as a subcontractor, please make sure the following is included:

- Insurance Certificate
- Last three years project experience
- Health and Safety Manual
- W9

PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION

Name:		
Title:		
Signature		Date: