



## SUBCONTRACTOR PRE-QUALIFICATION FORM

Please complete the form below and email (form and all attachments) to [estimating@capwestdev.com](mailto: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: <span style="float: right;">Fax:</span>
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: