

SUBCONTRACTOR PREQUALIFICATION FORM

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Contacts: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Years in business under this name: \_\_\_\_\_

Sole Prop: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Fed Tax ID # \_\_\_\_\_

Bank Affiliation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of bank contact person: \_\_\_\_\_

Bonding capacity: (Letter certified by your agent): \_\_\_\_\_

Insurance Carrier and coverage: (Have your insurance provider mail a Certificate of Insurance naming Kort Builders, Inc. as an "Additional Insured" to Kort Builders, Inc., 8709 Castle Park Drive, Indianapolis, IN 46256)

Average number of employees: \_\_\_\_\_ Field \_\_\_\_\_ Office

Size of projects you are capable of performing:

Low: \$ \_\_\_\_\_

High: \$ \_\_\_\_\_

Job References:

<u>Project</u>	<u>Contact</u>	<u>Phone</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Trade Credit References:

<u>Vendor</u>	<u>Address</u>	<u>Phone</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Owners/Officers:

<u>Name</u>	<u>Title</u>	<u>Home Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Areas of Specialization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

