

SUBCONTRACTOR PREQUALIFICATION



Thank you for your interest in partnering in future construction projects with WJCreate. To be added to our bidders list and for us to get a better understanding of your capabilities and expertise please complete the following form and email to (admin@wjcreate.com).

COMPANY PROFILE

Company's Legal Name: _____

DBA: _____

Federal Tax ID: _____

Number of Years in Business: _____

Office Address: _____

City, State, Zip: _____

Website: _____

Principal Contact Name & Title: _____

Email: _____ Phone: _____

Estimating/Sales Contact Name & Title: _____

Email: _____ Phone: _____

Trade Categories (CSI Codes):

Areas of Expertise:

Current Trade License Numbers: _____

Number of Employees: Office: _____ Field: _____

Regions you service: _____

- Is your company a registered... *(Check all that apply)*
- Small Business Enterprise Minority Owned Business Women Owned Business
 Veteran Owned Business HUB Zone Business

EXPERIENCE

Please provide information for five (5) representative projects completed in the last five (5) years. Please include projects that showcase your company's range of experience on projects of varying size, scope, and typologies.

Project Name	Scope	Contracting Company	Contract Value

If necessary, include additional attachments (i.e. Portfolio, Resumes, Brochures, References, etc.) with information on completed projects that will give us a more complete understanding of your prior experience/work.

INSURANCE, SAFETY & BONDING

Does your company currently carry or can your company meet the following insurance requirements?

- General Liability Limits:
 - Per Occurrence: \$1,000,000 Yes No
 - Aggregate: \$2,000,000 Yes No
- Auto Liability Limits:
 - Combined Single Limits: \$1,000,000 Yes No
- WC / Employers Liability:
 - Statutory limits required in the regions you service Yes No

Can your General Liability name the General Contractor and Owner as Additional Insured? Yes No

Please provide your workers' compensation experience modifier for the past 3 Years:

Does your company have a written safety program and/or policy in place? Yes No

Is your company a "Drug-free Workplace"? Yes No

Has your company received any OSHA Citation or Notification of Penalty, monetary or other, within the past three (3) years? Yes No

Is your company able to bond projects? Yes No

Single Project Limits Total Bonding Capacity:

I hereby certify that the information in this questionnaire, including any attachments is true and sufficiently complete so as not to be misleading.

Signature

Date

Print Name & Title