HR | CONSTRUCTION GROUP

Subcontractor Pre-Qualification Form

General Company Information

Official Name:		
Primary Local Address (Street, City, State, Zip):		
Corporate / Regional Address (Street, City, State, Zip):		
Billing Remittance Address (Street, City, State, Zip):		
Website Address:		
CSI Divisions of Work Performed:		
Federal Tax Identification No.:		
Company Type: (i.e. Corp, Partnership, LLC, etc.)		
Year Founded / Date of Incorporation:		
Special Certifications (i.e. MBE, WBE, LSDBE, etc.): *If yes, please submit copy of current certificate*		

Primary Contacts (include name, title, phone, fax, & email)

Company Principal(s):		
Primary Estimating Contact(s):		
A/R Contact(s):		
Additional Important Contact(s):		

Work History, Performance, & Employee / Labor Information

Current Amount of Work Under Contract ($):		
Anticipated Revenue for Current Fiscal Year ($):		
Avg. Annual Revenue for Previous 5 Years ($):		
Current Number of Office Employees:		
Current Number of Field Employees:		
Current Number of Manufacturing Employees:		

Union Affiliation (if yes, specify):		
Work Typically Self-Performed:		
Work Typically Subcontracted:		

Bonding

Company Name & Address:		
Agent Name & Phone No.:		
Bonding Capacity - Single Job ($):		
Bonding Capacity - Aggregate ($):		

Insurance *(please submit standard certificate of insurance)*

Agent's Company Name & Address:		
Agent Name & Phone No.:		
Carrier Company Name & Address:		
Carrier Contact & Phone No. (if applicable):		

Safety Information

Is a written safety program in effect?: *If yes, please submit a copy*		
Name of individual in charge of safety program: *Please include title, address, phone, & email*		
Is a written substance abuse policy in place?: *If yes, please submit a copy*		
Is a drug screening program in place?: *If yes, please elaborate if not included in substance abuse policy*		
What is the company's EMR (experience modification rate) for the previous 3 years?:		
OSHA citations over the previous 3 years?: *If yes, please provide details under separate cover*		
Outstanding judgements or claims against company? *If yes, please provide details under separate cover*		
Current involvement in safety-related litigation?: *If yes, please provide details under separate cover*		

Trade References:	Reference #1	Reference #2
Company Name:		
Primary Contact Name:		
Address (Street, City, State, Zip):		

Phone / Fax:		
Email:		

Certification by Company Officer

The below-stated individual hereby certifies that the information included in this pre-qualification form, including all supplemental information and attachments, is accurate as of the date of this certification.

Signature:		
Name of Company Officer:		
Title:		
Date:		

Humphrey Rich Construction Group, Inc.
10200 Old Columbia Road, Suite K
Columbia, MD 21046
(301) 330-1650 Phone
(301) 330-1996 Fax

Reference #3