

## 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 (\$):	

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

### References

	Reference #1	Reference #2	Reference #3
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:	