

SUBCONTRACTOR PRE-QUALIFICATION FORM

Date: _____

Company Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone #: _____ Fax #: _____

Estimating Contact: _____

E-mail: _____

Other Contact: _____

E-mail: _____

Web Site Address: _____

Date Established: _____

Type of Business (circle): *Corporation* *Partnership* *Sole Proprietorship* *Other*

TN Contractor's License #: _____ Limit: _____

Classification(s): _____

Types of Projects (circle): *Industrial* *Institutional* *Commercial* *Residential* *Healthcare*

Trade Work Performed: _____

Geographic Area (circle): *Statewide (TN)* *Middle TN* *Davidson Cty* *Williamson Cty* _____

Labor Type (circle): *Open Shop* *Union* *Both*

- Number of Employees: _____

- Do you wish to be contacted for bidding jobs? Yes / No

- Does your company have a safety program? Yes / No

- If yes, is it a written safety program? Yes / No

- Do you have a substance abuse program? Yes / No

- Do you carry liability insurance: Yes / No

- Do you carry Worker's Compensation insurance: Yes / No

- EMR (*Experience Modification Rating*): _____

[Complete and return to Rock City Construction Co., Inc. (via mail or fax)]

BANK REFERENCES:

Name: _____
Address: _____

City: _____ St: _____ Zip: _____
Ph.#: _____ Fax: _____
Officer: _____

Name: _____
Address: _____

City: _____ St: _____ Zip: _____
Ph.#: _____ Fax: _____
Officer: _____

TRADE SUPPLIER REFERENCES:

Name: _____
Address: _____

City: _____ St: _____ Zip: _____
Ph.#: _____ Fax: _____
Contact: _____

Name: _____
Address: _____

City: _____ St: _____ Zip: _____
Ph.#: _____ Fax: _____
Contact: _____

GENERAL CONTRACTOR OR CLIENT REFERENCES:

Name: _____
Address: _____

City: _____ St: _____ Zip: _____
Ph.#: _____ Fax: _____
Contact: _____

Name: _____
Address: _____

City: _____ St: _____ Zip: _____
Ph.#: _____ Fax: _____
Contact: _____

BONDING:

- Does your company have a bonding program? Yes / No

Bonding Company: _____
Address: _____

City: _____ St: _____ Zip: _____
Ph.#: _____ Fax: _____
Agent: _____
Limit: _____

*Please attach a list of your company's officers and key personnel along with a brief resume on each if possible.
In addition, please include a five-year experience record showing name of project, location, your contract amount,
type of construction, name of General Contractor, and name of owner.*