



SUBCONTRACTOR PREQUALIFICATION FORM

Instructions: Please fill out the following information and upload to our Subcontractors page on our website.

Company Name
Address
City State Zip Code
Email Phone Website:
Contact Name and Title
Year business was established

Ownership Type(Check ALL that Apply)

- Minority Owned Business Enterprise
Women Owned Business Enterprise
Disadvantaged Business Enterprise
Sole Proprietorship
S Corporation
C Corporation
Limited Partnership
Limited Liability Company

FEIN Number: DOL: Yes No Business Registration: Yes No

If Yes to above, please send a copy of DOL & Business Registration via email to: mcalabrese@terminalconstruction.com

What trade work does your company perform?

Total Number of Employees Office Field

Are you directly or indirectly signatory to any labor union agreements: Yes No

If Yes, which unions:

Financial

Please provide the current bonding capacity authorized by surety

Single Job Limit:

Aggregate Limit:

Bonding Company:

Firm's business volume for the past five (5) years:

Dun & Bradstreet Number:

Please be prepared to send your company's financial information upon request.

Insurance

Please list the maximum limits your company has for the following insurance policies:

General Liability

Umbrella

Automotive

Safety

Please list your current Experience Modification Rate(EMR) and provide a copy via email to: mcalabrese@terminalconstruction.com

Please list 3 sample projects below.

Project Name	Project Type	Contract Value	General Contractor

References

Please list contact information for three owners, general contractors or construction managers for whom the company has worked in the past three (3) years below:

Company	Contact	Phone	Email
