

Subcontractor - Vendor Pre-Qualification Form

COMPANY INFORMATION

Company Name	Contact Person:			
Address:	Phone:	Fax:		
City:State:Zip:	Email:			
Date:Established:	Subcontractor Trade	License	No	
Trade / Material / Services:	List all minority certifications: _			
	Section 3 Certified? □ Ye s □ No			
List largest 3 completed projects:	LEED Certified? □ Ye s □ No			
	Have you ever failed to complete work awarded? □ Ye s □ No			
	If yes, explain on separate sheet			
INSURANCE / BONDING INFORMATION	TRADE EXPERIENCE	TRADE EXPERIENCE		
Agent:	Public Work School Board Institutional Healthcare			
Address:				
Phone:/ Fax: General Liability Limits: Required \$1 Million – Attach Policy	Parks & Recreation Comm	Parks & Recreation Commercial Other		
Worker's Compensation? State Minimum Required -Attach Policy	Any pending litigation, claims, suits	Any pending litigation, claims, suits or arbitration?		
No State Exemption Allowed		Attach separate sheet with explanation		
Auto Limits: - Attach Policy		-		
Are you a bondable Subcontractor:Yes No	List of current and completed project			
If Yes what is your bonding capacity:	(Attach separate sheets with pro	ject details and pictures if	avaıı.)	
General Contractor References	Supplier References			
Company:	Company:			
Phone/Fax:	Phone/Fax:			
Contact:	Contact:			
Company:	Company:			
Phone / Fax:	Phone / Fax:	Phone / Fax:		
Contact:	Contact:			
Company:	Company:			
Phone / Fax:	Phone / Fax:			
Contact:	Contact:			
Authorized Signature	Date		_	
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Dade Construction Corp. Ph. 786-564-7623 Fax: 786-592-1268 Email: info@dadeconstruction.com