



1660 Huguenot Road
 Midlothian, VA 23113
 (804) 897-0900
 (804) 320-8701 fax

*Subcontractor
 Pre-Qualification Form*

Contact Information:

Company Name: _____
 Primary Business Contact: _____ Title: _____
 Shipping Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail: _____ Web Address: _____

Profile Information:

Trades Performed:

- | | | | | | |
|---|-------------------------------------|-----------------------------------|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Sitework | <input type="checkbox"/> Demolition | <input type="checkbox"/> Concrete | <input type="checkbox"/> Masonry | <input type="checkbox"/> Steel | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Millwork | <input type="checkbox"/> Roofing | <input type="checkbox"/> Caulking | <input type="checkbox"/> EIFS | <input type="checkbox"/> Glass & Glazing | <input type="checkbox"/> D, F, & H/W |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> ACT | <input type="checkbox"/> Flooring | <input type="checkbox"/> Ceramic Tile | <input type="checkbox"/> Painting | <input type="checkbox"/> Specialties |
| <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Plumbing | <input type="checkbox"/> HVAC | <input type="checkbox"/> Electrical | | |
| <input type="checkbox"/> Others: _____ | | | | | |

Geographic Region(s) Serviced: _____
 Work Type(s) Preferred: New Alterations/Rehabilitations Interior Fit-Ups
 Typical Project Size: _____ Annual Volume of Work: _____
 Years in Business: _____ # of Employees: _____ Labor Affiliation: Union Non-Union Prevailing Wage
 Type of Insurance:

- | | |
|--|------------------|
| <input type="checkbox"/> Business Automobile Liability | Amount: \$ _____ |
| <input type="checkbox"/> Workers Compensation | Amount: \$ _____ |
| <input type="checkbox"/> Commercial General Liability | Amount: \$ _____ |
| <input type="checkbox"/> Commercial Umbrella Liability | Amount: \$ _____ |
| <input type="checkbox"/> Other: _____ | |

Manufacturer Certifications: _____
 Trade Association and/or Organizations: _____
 Projects Recently Completed (*List 2*):

Project Title: _____ Location: _____
 Trade(s) Performed: _____
 Contract Amount: _____ Date Completed: _____
 Owner/CM/GC: _____

Project Title: _____ Location: _____
 Trade(s) Performed: _____
 Contract Amount: _____ Date Completed: _____
 Owner/CM/GC: _____

Form completed by: _____ Title: _____
 (Please Print)

Signature: _____ Date: _____