

SUBCONTRACTOR PREQUALIFICATION FORM



Thank you for your interest in working with TRINITY Group Construction, Inc. To be pre-qualified for bidding opportunities, we invite your company to complete this form and return to: ESTIMATING@TRINITYgc.us.

SUBCONTRACTOR INFORMATION

Legal Business Name:

Primary Contact:

Street Address / Mailing Address:

Primary Contact Phone Number:

City, State, Zip Code:

Primary Contact Email Address:

Website:

COMPANY HISTORY

Years in Business:

Federal ID Number:

Do you require a joint check? Y/N

Is your company certified? Y/N

MBE

WBE

CBE

Has your company ever defaulted or been terminated (for any reason, including convenience) on a contract awarded to you? If yes, please provided explanation of the situation below:

Y/N

Is your company or any of its owners currently involved in any arbitration or litigation? Does your company have any outstanding judgements or claims? If yes, please provided explanation of the situation below:

Y/N

Please provide the following information about your financial institution: *REQUIRED

NAME OF BANK:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

CONTACT PERSON:

EMAIL:

Please list your company's Experience Modification Rate (EMR) for the last three years.

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THE FOLLOWING ATTACHMENTS ARE REQUIRED FROM EVERY APPLICANT.

- Please provide a separate sheet a list of your company's projects completed within the past three years. Include the project name, address, owner, architect, contract value, contact person, and phone number for each project.
- Company W-9: Full Legal name and dated within the past year
- Certificate of Insurance