

# 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:

NAICS Code:

## COMPANY HISTORY

Years in Business:  Federal ID Number:  Do you require a joint check? Y/N

Is your company certified? Y/N  DBE  MBE  MBE  CBE  OTHER

Location of Work: Please provide copies of trade/business licenses as applicable: VA  DC  MD

Current Number of Employees:  Field  Office

Amount of Work Under Contract:

Amount of Work Not Yet Completed:

Do you have any contractual limitations?

Do all of your employees have valid I-9's on file? Y/N

Has your company ever defaulted or been terminated (for any reason, including convenience) on a contract awarded to you? If yes, please provide 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:

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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Does your company have a safety program/safety manual?

YES  NO

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BONDING AGENCY:	<input type="text"/>	PRIMARY CONTACT:	<input type="text"/>
NAME OF AGENCY:	<input type="text"/>	PRIMARY CONTACT PHONE NUMBER:	<input type="text"/>
ADDRESS:	<input type="text"/>	PRIMARY CONTACT EMAIL:	<input type="text"/>
CITY, STATE, ZIP:	<input type="text"/>		

## 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
- OSHA 300A documents and logs from the last three years

## PROJECTS COMPLETED WITHIN THE PAST THREE YEARS

### PROJECT #1

Project Name:	<input type="text"/>	Primary Contact:	<input type="text"/>
Project Street Address:	<input type="text"/>	Primary Contact Email:	<input type="text"/>
Architect:	<input type="text"/>	Primary Contact Phone Number:	<input type="text"/>
Contract Value:	<input type="text"/>	Owner:	<input type="text"/>

### PROJECT #2

Project Name:	<input type="text"/>	Primary Contact:	<input type="text"/>
Project Street Address:	<input type="text"/>	Primary Contact Email:	<input type="text"/>
Architect:	<input type="text"/>	Primary Contact Phone Number:	<input type="text"/>
Contract Value:	<input type="text"/>	Owner:	<input type="text"/>

### PROJECT #3

Project Name:	<input type="text"/>	Primary Contact:	<input type="text"/>
Project Street Address:	<input type="text"/>	Primary Contact Email:	<input type="text"/>
Architect:	<input type="text"/>	Primary Contact Phone Number:	<input type="text"/>
Contract Value:	<input type="text"/>	Owner:	<input type="text"/>

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## PROJECTS COMPLETED WITHIN THE PAST THREE YEARS

### PROJECT #4

Project Name:

Project Street Address:

Architect:

Contract Value:

Primary Contact:

Primary Contact Email:

Primary Contact Phone Number:

Owner:

### PROJECT #5

Project Name:

Project Street Address:

Architect:

Contract Value:

Primary Contact:

Primary Contact Email:

Primary Contact Phone Number:

Owner:

### PROJECT #6

Project Name:

Project Street Address:

Architect:

Contract Value:

Primary Contact:

Primary Contact Email:

Primary Contact Phone Number:

Owner:

### PROJECT #7

Project Name:

Project Street Address:

Architect:

Contract Value:

Primary Contact:

Primary Contact Email:

Primary Contact Phone Number:

Owner:

# SUBCONTRACTOR PREQUALIFICATION FORM



## PROJECT #8

Project Name:

Primary Contact:

Project Street Address:

Primary Contact Email:

Architect:

Primary Contact Phone Number:

Contract Value:

Owner:

## TRADE / VENDOR REFERENCES

### TRADE/VENDOR REFERENCE #1

Project Name:

Primary Contact:

Project Street Address:

Primary Contact Phone Number:

Architect:

Primary Contact Email Address:

Contract Value:

Owner:

### TRADE/VENDOR REFERENCE #2

Project Name:

Primary Contact:

Project Street Address:

Primary Contact Phone Number:

Architect:

Primary Contact Email Address:

Contract Value:

Owner:

### TRADE/VENDOR REFERENCE #3

Project Name:

Primary Contact Email:

Project Street Address:

Primary Contact:

Architect:

Primary Contact Phone Number:

Contract Value:

Owner: