



## Subcontractor Pre-Qualification Questionnaire

Please complete this form in its entirety. You may submit in one of the two following ways:

\* Print the form and fax to 281.341.5071 or mail to 1124 Damon Street, Rosenberg, TX 77471

\* or preferably, submit by email by clicking the "Submit by Email" button at the top of this page.

### Company Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Fax # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Type of Company \_\_\_\_\_  
 Company Web Site \_\_\_\_\_ If other, explain \_\_\_\_\_  
 Federal ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

### Principle Owners / Officers

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_

### DOL Small Business (Send any certificates that may apply)

HUB Certified  MBE or MDDBE  WBE or WDBE  SBE Other \_\_\_\_\_

Has your firm ever filed bankruptcy? \_\_\_\_\_ Are there any pending judgments against your firm? \_\_\_\_\_  
 Are there any claims against your firm? \_\_\_\_\_ Has your firm ever failed to complete a contract? \_\_\_\_\_  
 Has your firm been cited for any safety violations in the past 3 years? \_\_\_\_\_

If you answered yes to any of the question above, please explain.

\_\_\_\_\_

Does your firm have a random drug testing program? \_\_\_\_\_ Does your firm perform background checks on new hires? \_\_\_\_\_  
 Does your firm have a written safety policy? \_\_\_\_\_

### Banking References

Bank \_\_\_\_\_ Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_

### Insurance - Have your insurance carrier fax, mail, or e-mail your certificate to us.

Carrier \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Current WC Experience Modifier Rate (Your insurance agent can give you your EMR #) \_\_\_\_\_

### Contact Information - \*\*\*\*\*This contact information must be for the ESTIMATOR\*\*\*\*\*

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Direct Ext. \_\_\_\_\_



**Primary Trades:**

Please list CSI Division number as well as the description

\_\_\_\_\_

**Secondary Trades:**

**Areas Willing to Work** - Check all that apply

- Fort Bend
- Brazoria
- Matagorda
- Wharton
- Harris
- Other

Specify \_\_\_\_\_

**Project Information** - List information on your three largest projects completed in the last year.

**Project #1**

Name and Description of Project \_\_\_\_\_

Location \_\_\_\_\_ Subcontract Amount \_\_\_\_\_

General Contractor \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Project #2**

Name and Description of Project \_\_\_\_\_

Location \_\_\_\_\_ Subcontract Amount \_\_\_\_\_

General Contractor \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Project #3**

Name and Description of Project \_\_\_\_\_

Location \_\_\_\_\_ Subcontract Amount \_\_\_\_\_

General Contractor \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Supplier References**

Name	_____	Phone No.	_____
Name	_____	Phone No.	_____
Name	_____	Phone No.	_____

The information above is true and correct to the best of my knowledge.

Completed by:  Today's Date: