



**SUBCONTRACTOR PRE-QUALIFICATION FORM**

Please complete this pre-application in order for us to learn more about your company and better match future opportunities to your Company's capabilities.

Date \_\_\_\_\_

**COMPANY INFORMATION**

Company Legal Name \_\_\_\_\_ Trade: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_  
 Current number of employees: \_\_\_\_\_ Date Company was founded \_\_\_\_\_  
 Type of Company: \_\_\_\_\_ LLC, \_\_\_\_\_ Partnership, \_\_\_\_\_ Corporation, \_\_\_\_\_ Joint Venture, \_\_\_\_\_ Other  
 Is the company licensed/registered in the State of Louisiana? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Contact name: \_\_\_\_\_ Email : \_\_\_\_\_ Cell \_\_\_\_\_  
 Does your company generate invoices and estimates electronically? \_\_\_\_\_ Yes \_\_\_\_\_ No

**LICENSING AND TRADE**

Louisiana Residential License \_\_\_\_\_yes \_\_\_\_\_ No Louisiana Comercial License \_\_\_\_\_Yes \_\_\_\_\_No  
 \_\_\_\_\_ HVAC \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Gas \_\_\_\_\_ Other: \_\_\_\_\_

**CERTIFICATIONS**

Is the company certified with one of the follow: DBE \_\_\_\_\_ WBE \_\_\_\_\_ Section 3 \_\_\_\_\_ Other: \_\_\_\_\_

**PERFORMANCE INFORMATION**

Provide General Contractor Reference information for the most recent projects completed

Company name _____	Contact name _____
Project name _____	Phone _____
Company name _____	Contact name _____
Project name _____	Phone _____

**COMPETITIVE MARKER**

Indicate the size of project you are most competitive.

_____ Under \$ 100,000	_____ \$ 200,000 - \$ 500,000	_____ 1 mill - 3 mill
_____ \$ 100,000 - \$ 200,000	_____ \$ 500,000 - 1 million	_____ 3 mill - 6 mill

**INSURANCE AND BONDING INFORMATION**

a. Does your company have General Liability Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No Coverage \$ \_\_\_\_\_  
 b. Does your company have Worker's Compensation Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No Coverage \$ \_\_\_\_\_  
 Is your company Bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No Bid Coverage \$ \_\_\_\_\_

**SAFETY PROGRAM**

Does your company have a written safety program or policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name (Printed)

\_\_\_\_\_

Signature

\_\_\_\_\_

Please send completed pre-qualification form to Colmex Construction at either of the following:

Email [info@colmexconstruction.com](mailto:info@colmexconstruction.com)

Fax (504) 383-8087

In Person 4334 Earhart Blvd, New Orleans LA 70125