

## 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 Numbers 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?YesNO
Contact Name: Email: Cell: Does your company generate invoices and estimates electronically? Yes NO
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LICENSING AND TRADE
Louisiana Residential License:YesNo Louisiana Commercial License:YesNO
HVCAElectricalPlumbingGasOther
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 complete
Company Name: Contact Name: Project Name: Phone:
Troject Name.
COMPETITIVE MARKER
Indicate the size of project you are most competitive.
Under \$100,000.00\$200,000.00- \$500,000.00\$ 1 mill- \$ 3 mill
\$100,000.00- 200,000.00\$500,000.00- \$ 1 mill\$ 3 mill- \$ 6 mill
INSURANCE AND BONDING INFORMATION
Does your company have General Liability Insurance? Yes Yes No Coverage \$:
Does your company have Worker's compensation Insurance? YesNo Coverage \$:
Is your company bonded? YesNo 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.
Printed Name: Signature:
Please send completed pre-qualification form to Colmex Construction at either of the following:
Email: info@colmexconstrcution.com

www.colmexconstruction.com

Or in person to the following address: