

3092 Jonquil Drive • Smyrna, GA 30080

Phone: 770-433-0793 • Fax: 770-438-9652



SUBCONTRACTOR QUALIFICATION FORM

Company Information

Name: _____ Type of Work: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

Contact Name: _____

Business Type: Corporation Individual LLC Other: _____

Current Insurance Company: _____

General Liability Limit: \$ _____ Workers Compensation Limit: \$ _____

Umbrella Limit: \$ _____

Company History

Years in Business: _____

Does your company have internet access: _____

Are you able to download drawings via the internet: _____

Geographic area(s) of operation: _____

Percentage of work performed by own forces: _____ %

Total permanent staff: _____ Average field forces: _____

Bidding range: Minimum \$ _____ Maximum \$ _____



Company History

Has your company ever failed to complete a contract?

If yes, please explain

Has your company ever filed bankruptcy?

If yes, please explain

Experience/References - Completed Projects

Project Name:

Location:

Owner:

Contact Name:

Phone Number:

General Contractor:

Contact Name:

Phone Number:

Contract Amount:

\$ _____

Type of Work:

Completion Date:



Experience/References - Completed Projects

Project Name: _____

Location: _____

Owner: _____

Contact Name: _____ Phone Number: _____

General Contractor: _____

Contact Name: _____ Phone Number: _____

Contract Amount: \$ _____

Type of Work: _____

Completion Date: _____

Project Name: _____

Location: _____

Owner: _____

Contact Name: _____ Phone Number: _____

General Contractor: _____

Contact Name: _____ Phone Number: _____

Contract Amount: \$ _____

Type of Work: _____

Completion Date: _____