



Please send completed pre-qualification form to TCD Construction, Inc.
 Email: info@tcdbuild.com
 Fax: 603-924-9821

SUBCONTRACTOR PRE-QUALIFICATION FORM
(add additional sheets as necessary)

1. SUBCONTRACTOR IDENTITY

Company Name: _____

Area of Expertise: _____

Address: _____

Phone Number: _____ Fax Number: _____

Tax ID or SS Number: _____ Email: _____

Contact Person(s): _____

Type of Company: Sole Proprietorship Corporation Partnership LLC Other

Date Company Formed: _____ Total Number of Employees: _____

States in which the company is legally qualified to do business (include type and license number):

Names and titles of key personnel in company: _____

Has the company operated under any other name in the past five years? YES NO

If yes, give name(s): _____

Does the company have offices, plants, or warehouses at other locations? YES NO

If yes, give location(s): _____

2. MBE/WBE/SBE/DBE CERTIFICATION

Is the company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), Disadvantaged Business Enterprise (DBE), or any other type of certified business enterprise? YES NO

If yes, which type? _____

3. FINANCIAL INFORMATION

Does the company have a line of credit from any lending institution? YES NO

If yes, provide details: _____

Lender's Company Name, Address, Officer's Name, Phone: _____

Do you have the ability to bond projects? YES NO (Date of last bonded project: _____)

Single project limit: _____ Aggregate Limit: _____

Bonding Company Name, Address: _____

QUALITY, INTEGRITY, EXPERIENCE

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4. SAFETY RECORD

In the past five years, has your company or any of its key personnel been investigated for or found to have committed any OSHA violation(s)? YES NO

If yes, provide details: _____

What is your current Workman's Comp. EMR rate: _____ *Please attach a copy of current EMR*

Do you have a written employee Safety Policy and program? YES NO

Are there any open or aggregate liability claims that would impair your ability to insure any project?
 YES (attach explanation) NO

5. OTHER INFORMATION

Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?
 YES NO (If yes, give date: _____)

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers?
 YES NO

If yes, give details: _____

Have you ever failed to complete a contract, been defaulted, or had a contract terminated?
 YES NO

If yes, give dates and details: _____

In the past five years, has your company or any of its key personnel been involved in any lawsuits arising from construction projects? YES NO

If yes, give details: _____

6. REFERENCES – Attach extra sheet if necessary

Project References: Please use attached sheet to describe 4 current projects including the name of project, scope of work, contract amount, and completion date.

Trade References: List three of your subcontractors/suppliers including name, contact person, and phone #

1. _____
2. _____
3. _____

Client References: List three clients including name, contact person, and phone #

1. _____
2. _____
3. _____

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: _____

Date: _____ Title: _____



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Project Descriptions: Please describe 4 current project descriptions including the name of project, scope of work, contract amount, and completion date.

| | |
|-------------------------|-------------------------|
| Name of Project: | |
| Scope of Work: | |
| Contract Amount: | Completion Date: |

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|-------------------------|-------------------------|
| Name of Project: | |
| Scope of Work: | |
| Contract Amount: | Completion Date: |

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|-------------------------|-------------------------|
| Name of Project: | |
| Scope of Work: | |
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