



Hello,

Thank you for your interest in Prevost Construction, Inc. Please complete the form below and submit to [jennifer@prevostconstruction.net](mailto:jennifer@prevostconstruction.net). It is critical that all of our subcontractors go through a complete prequalification process. We pride ourselves on maintaining strong and trusting relationships with our clients – we couldn't do it without the support of capable subcontractors.

Along with this form, please submit the following:

- Recent financial statement
- Surety confirmation letter
- Sample insurance certificate

Please contact us if you have any questions. We look forward to working with you.

### SUBCONTRACTOR PREQUALIFICATION FORM

Date: \_\_\_\_\_

Legal company name: \_\_\_\_\_

Do you perform business under any other names? \_\_\_\_\_

Do you have a parent company? \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Main contact: \_\_\_\_\_

Email: \_\_\_\_\_

Estimating contact: \_\_\_\_\_

Email: \_\_\_\_\_

Company type (circle):

Corporation  
LLC

Partnership  
Joint Venture

Sole Proprietorship  
Other

Federal Tax ID: \_\_\_\_\_

DUNS #: \_\_\_\_\_

Date formed: \_\_\_\_\_

State formed: \_\_\_\_\_



**Trades:**

CSI Section	Self Performed	Subcontracted
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Sample of Completed Projects:**

Project Name + Description	Contracting Co.	Contact Name + Phone	Value

*\*attach separate sheet if necessary*

**References:**

Co. Name	Contact Name	Phone	Email

Number of employees: \_\_\_\_\_

Do you perform wage scale work? \_\_\_\_\_

Does your company have a written safety handbook? \_\_\_\_\_

Other information of note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*attach separate sheet if necessary*

I certify that the information provided in this prequalification form is accurate:

Signature of Owner/Officer: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_