

Subcontractor Qualification Form

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Contact Person for Estimating: _____

E-Mail Address: _____

Year established: _____

Trades Performed: _____

Type of Organization: Corporation Partnership Proprietorship

Has your firm ever operated under another name? Yes No

If yes, what name(s): _____

Is your company certified Minority Business Enterprise? Yes No

In what jurisdictions is your company legally licensed to work? _____

In What geographic areas does your company perform its services? _____

Attach a list of major projects completed in the past five years. Include the following Information:

- Project Name and Location
- Contract Amount
- Project Owner and General Contractor
- Contact Name and Phone Number

Insurance

Name and Address of Insurance Agent: _____

Name and Address of Insurance Company: _____

Fax to Kinch Construction - 301.868.2054