



SUBCONTRACTOR PREQUALIFICATION FORM

Date _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Company Phone Number _____ Fax Number _____

Company Email Address _____

*****Please complete and return the IRS Form W-9*****

Type of Work Performed _____ License Number _____

Years in Operation _____

Total # of Employees _____ Office Staff _____ Field Personnel _____

Is your company SBE/WBE/MBE? (Yes/No) _____ (If so, please provide documentation)

Bonding Company _____ Bonding Limits _____

Current Jobs in Progress

Contact Person

Phone Number

1) _____

2) _____

3) _____

Past Projects

Contact Person

Phone Number

1) _____

2) _____

3) _____

Trade References

Phone Number

1) _____
2) _____
3) _____

License and Insurance – Please furnish the following:

- Worker’s Compensation Insurance Certificate (Surge Solutions Group, Inc. MUST be the certificate holder)
- Auto Insurance Certificate (Surge Solutions Group, Inc. MUST be name as an additional insured)
- General Liability Insurance Certificate (Surge Solutions Group, Inc. MUST be name as an additional insured)
- Occupational License
- Trade License