



Subcontractor - Vendor Pre-Qualification Form

COMPANY INFORMATION

Company Name _____
 Address: _____
 City, State Zip: _____
 Date Established: _____
 Trade / Material / Services: _____

Contact Person: _____
 Phone: _____ Fax: _____
 Email Address: _____
 Subcontractor Trade License No. _____
 List all minority certifications: _____
 Have you ever failed to complete work awarded? Yes No
 If yes, explain on separate sheet _____

INSURANCE / BONDING INFORMATION

Agent: _____
 Address: _____
 Phone / Fax: _____
 General Liability Limits: Required \$1 Million – Attach Policy
 Worker's Compensation? State Minimum Required -Attach Policy
 No State Exemption Allowed
 Auto Limits: – Attach Policy
 Are you a bondable Subcontractor: ___ Yes ___ No
 If Yes what is your bonding capacity : _____
 Does your company have a Safety Program: ___ Yes ___ No

TRADE EXPERIENCE

___ Public Work ___ School Board ___ Institutional ___ Healthcare
 ___ Parks & Recreation ___ Commercial Other _____
 Any pending litigation, claims, suits or arbitration? _____
 If yes, Attach separate sheet with explanation _____

List of current and completed projects – size, scope, and details.
 (Attach separate sheets with project details and pictures if avail.)

General Contractor References

Company: _____
 Phone / Fax: _____
 Contact: _____
 Company: _____
 Phone / Fax: _____
 Contact: _____
 Company: _____
 Phone / Fax: _____
 Contact: _____

Supplier References

Company: _____
 Phone / Fax: _____
 Contact: _____
 Company: _____
 Phone / Fax: _____
 Contact: _____
 Company: _____
 Phone / Fax: _____
 Contact: _____

Authorized Signature _____

Date _____
 Link Construction Group, Inc. 7003 N Waterway Drive #218 Miami, Florida 33155 Ph. 305/ 665.9826 Fax: 305/ 665.9851 Email: info@linkconstructiongroup.net