

Subcontractor Prequalification Form

GENERAL INFORMATION					
Company Name:					
Phone:		Fax:			
Email Address:					
Website:					
Payment Address					
Additional Information:					
Street Address:					
City, State, Zip:					
Country:					
Other Addresses (If any):					
Preferred Project Scope		Preferred Project Size			
Please list what division/scope of work you are interested in bidding:		Indicate preferred project size (1-5), with 1 being most preferred:			
		☐	Under \$50k	☐	\$1M - \$3M
		☐	\$50k - \$100k	☐	\$3M - \$6M
		☐	\$100k - \$200k	☐	\$6M - \$10M
		☐	\$200k - \$500k	☐	\$10M+
		☐	\$500k - \$1M		

ATTACHMENTS
Please attach a copy of your company's Certificate of Insurance.
Please attach a copy of your company's W9.

SAFETY			
Highest Ranking Safety Executive			
Name:		Title:	
Phone:		Email:	
Fax:		Certificate(s):	

LEGAL

Please review the questions below. If yes, check the box and enter explanatory notes in the box provided.

☐	Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted, or been terminated on a contract awarded?
☐	Have any of the owners, officers, or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct?
☐	Has your company or any of the owners, officers, or major stockholders ever been suspended, disbarred, or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency?
☐	Has your company ever had a claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty obligations?
☐	Is your company or any of the owners, officers, or major stockholders involved in any arbitration or litigation?
☐	Does your company have any outstanding judgements or claims against it?
☐	Has your company or any of the owners, officers, or major stockholders ever been investigated for, or charged with, alleged labor law violations including alleged violations of Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local, or state labor laws?

CONTACTS

Owner Contact

Name:		Title:	
Years at Firm:		Years in Trade:	
Office Phone:		Mobile Phone:	
Fax:		Email:	
Preferred Method of Contact:			

Estimating Contact

SUBCONTRACTOR PREQUALIFICATION FORM

Name:		Title:	
Years at Firm:		Years in Trade:	
Office Phone:		Mobile Phone:	
Fax:		Email:	
Preferred Method of Contact:			
Accounting Contact			
Name:		Title:	
Years at Firm:		Years in Trade:	
Office Phone:		Mobile Phone:	
Fax:		Email:	
Preferred Method of Contact:			

SIGNATURE

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Martin Horn, Inc. will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and to award work to our Company.

Company Name:

Completed By (Printed Name):

Title:

Signature:

Date:

SUBMIT FORM VIA EMAIL TO ESTIMATING@MARTINHORN.COM