



SUBCONTRACTOR PREQUALIFICATION FORM

Legal Business Name: _____ DBA (if applicable): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Main Contact Name: _____ Years in Business: _____
 Phone: _____ Fax: _____ Main Contact Email: _____
 Estimating Contact: _____ Cell #: _____ Email: _____
 Billing Contact: _____ Cell #: _____ Email: _____
 Business Type: Corporation LLC Partnership Individual Incorporation Date: _____ State: _____
 FEIN #: _____ AZ TPT #: _____ Dun & Bradstreet #: _____

+ ATTACH COPY OF TPT LICENSE +

PRINCIPALS

TITLE	NAME	PHONE	EMAIL

LICENSE & INSURANCE

Work/Trades Self Performed: _____
 Other Work/Trades Managed: _____
 Professional License # & State: _____ Professional License # & State: _____

REQUIRED DOCUMENTS TO BE ATTACHED

- Certificate of Insurance Naming SDB, Inc. as Additional Insured
- Worker's Compensation Certificate or Sole Proprietor Waiver (if applicable)
- Certificate of Auto, General Liability listing SDB, Inc. as Additional Insured

\$1,000,000 Minimum Insurance Required:

- Auto
- Workers Compensation
- Liability

DISADVANTAGED BUSINESS DESIGNATION

None MBE WBE DBE SBE SDBOSB Other: _____

Certifying Agency: _____ Certification Number(s): _____

+ ATTACH COPY OF CERTIFICATIONS +

SAFETY

Safety Contact Person: _____ Current # of Employees: _____

+ ATTACH LETTER FROM INSURANCE COMPANY STATING EMR RATE +



PROJECT CAPACITY

Maximum contract amount you can handle at this time: _____

LIST THE FOLLOWING FOR ANY PREVIOUSLY AWARDED SDB PROJECT(S) _____

PROJECT NAME	DATES	CONTRACT AMOUNT

+ ATTACH A LIST OF MAJOR CONTRACTS YOU HAVE IN PROGRESS, WITH DOLLAR AMOUNT AND % COMPLETE +

BANKING & BONDING

Annual Gross Sales for the Past 3 Years: 20____;_____ 20____;_____ 20____;_____

EXPERIENCE MODIFICATION RATE 20____;_____ 20____;_____ 20____;_____

Bonding Limit Per Project: \$ _____ Maximum Bonding Capacity: \$ _____

Insurance Company: _____ Bonding Company: _____

BANK REFERENCE _____

BANK NAME	CONTACT	ADDRESS	PHONE

+ ATTACH A LETTER FROM YOUR BONDING COMPANY STATING CAPACITY +

CLAIMS & LITIGATION

Has your organization ever failed to complete any work awarded to you? Yes No

Any judgements, lawsuits, claims or arbitration proceedings pending against your organization or officers? Yes No

Does your company have any pending lawsuits? Yes No

Provide project names, dates and explanation. Attach additional pages if necessary.



CLAIMS & LITIGATION

Attach or email a copy of your financial statement, preferably audited, including your organization’s latest balance sheet and income statement showing the following items:

• **CURRENT ASSETS**

(e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses)

• **NET FIXED ASSETS**

• **OTHER ASSETS**

• **CURRENT LIABILITIES**

(e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)

• **OTHER LIABILITIES**

(e.g., capital, capital stock, authorized and outstanding shares par value, earned surplus and retained earnings)

+ ATTACH OR EMAIL A COPY OF YOUR COMPANY FINANCIALS TO FINANCE@SDB.COM +

Is the attached financial statement for the identical organization named on page one? Yes No

If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary).

Will the organization whose financial statement is attached act as guarantor of the contract for construction? Yes No

Prepared by: _____	Referred by: _____
Title: _____	Date: _____

By submitting a bid subcontractor and their sub tier subcontractors hereby acknowledge SDB, Inc subcontract requirements and agree to perform per SDB safety policies.