



## SUBCONTRACTOR PREQUALIFICATION FORM

Legal Business Name: \_\_\_\_\_ DBA (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Contact Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ 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 (AZ CONTRACTORS ONLY) +**

### PRINCIPALS

TITLE	NAME	PHONE	EMAIL

## CONTRACTORS LICENSE & INSURANCE

License/State: \_\_\_\_\_  
 Trade: \_\_\_\_\_

### REQUIRED DOCUMENTS TO BE ATTACHED (ONLY IF AWARDED PROJECT)

- 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): \_\_\_\_\_

Vendor/Client Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**+ ATTACH COPY OF CERTIFICATIONS +**

## SAFETY

Safety Contact Person: \_\_\_\_\_ Current # of Employees: \_\_\_\_\_

EXPERIENCE MODIFICATION RATE (LAST 3 YEARS): 20\_\_\_\_:\_\_\_\_ 20\_\_\_\_:\_\_\_\_ 20\_\_\_\_:\_\_\_\_

**+ ATTACH LETTER FROM INSURANCE COMPANY STATING EMR RATE +**



**BANKING & BONDING**

Annual Gross Sales for the Past 3 Years: 20\_\_\_\_:\_\_\_\_\_ 20\_\_\_\_:\_\_\_\_\_ 20\_\_\_\_:\_\_\_\_\_

Bonding Limit Per Project: \$ \_\_\_\_\_ Aggregate Bonding Capacity: \$ \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Bonding Company: \_\_\_\_\_

**BANK REFERENCE**

BANK NAME	CONTACT	ADDRESS	PHONE

**+ ATTACH A LETTER FROM YOUR BONDING COMPANY STATING CAPACITY +  
+ 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 the SDB, Inc. subcontract requirements and agree to perform per SDB safety policies.