



# Subcontractor/Vendor Pre-Qualification Application

## GENERAL INFORMATION

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

LA License #: \_\_\_\_\_ Fax: \_\_\_\_\_

Licensed to Perform Work (Trades): \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

M/W/DBE (Minority Business Enterprises) Certifications:

Minority Woman	Disadvantaged Veteran	Small Business Other
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Certifying Agency Name(s):

\_\_\_\_\_  
\_\_\_\_\_

### TYPE OF BUSINESS:

CORPORATION

LLC

PARTNERSHIP

INDIVIDUALLY OWNED

OTHER

Date Incorporated: \_\_\_\_\_

President's Name: \_\_\_\_\_

Date Established: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Date of Organization: \_\_\_\_\_

Date Established: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Describe: \_\_\_\_\_

**INSURANCE COVERAGE TYPE LIMITS:**

Workmen's Compensation: \_\_\_\_\_

General Liability: \_\_\_\_\_

Excess / Umbrella Liability: \_\_\_\_\_

Automobile Liability: \_\_\_\_\_

**WORK/PROJECT INFORMATION**

**TYPES OF PROJECTS:**

Check All That Apply:      Multi Family       Commercial       Hospitality      Education  
   Medical       Governmental      Civil      Other

Average Contract: \$ \_\_\_\_\_  
*(Amount for projects last 3 years)*

Average Volume: \$ \_\_\_\_\_  
*(Annually for the last 3 years)*

**WORK IN PROGRESS:**

Job Name	Owner or GC Contact	Contract Amount	Scheduled Completion Date

**REFERENCES:**

Trade References:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project References:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY EXPERIENCE MODIFIER:**

Year: \_\_\_\_\_ EMOD: \_\_\_\_\_

PLAN ROOM:

Milton J. Womack, Inc., provides electronic media through Milton J. Womack's FTP site and iSqFt Site. Is your company presently using or familiar with: -

FTP Sites

iSqFt Site

Dodge /McGrawHill