SYNERGY COMMERCIAL CONSTRUCTION

Subcontractor Prequalification Form

Please complete and return via email to marketing@synergycctx.com

COMPANY INFORMATION

Company Name

Contact Name

Title / Position

Email Address

Office Phone

Cell Phone

Street Address

City / State / ZIP

Company Website

Year Established

Trade / Specialty

Areas Traveled for Work

Radius (Miles)

COMPANY PROFILE & EXPERIENCE

Typical Project Size

Number of Employees

Workforce Type

Building Types Company Has Worked On (select all that apply)

- ☐ Retail / Hospitality
- ☐ Restaurant
- ☐ Office / Commercial
- ☐ Multifamily / Residential
- ☐ Industrial / Warehouse
- ☐ Healthcare / Wellness / MOB
- ☐ Education / Institutional
- ☐ Public Works
- ☐ Religious

Other:

LICENSING, BONDING & INSURANCE

Contractor License Number

Dun & Bradstreet (D-U-N-S) Number

FEIN Number

Workers' Compensation Limit

General Aggregate Limit

Safety Rating (EMR)

Bondable?

☐ Yes ☐ No

Bond Capacity

Number of Years in Business

DIVERSITY CERTIFICATION STATUS (SELECT ALL THAT APPLY)

- ☐ MBE
- ☐ WBE
- ☐ DBE
- ☐ HUB
- ☐ Veteran-Owned
- ☐ SBE
- ☐ None

Other:

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GENERAL CONTRACTOR REFERENCES — PLEASE PROVIDE THREE (3)

Reference #1

GC Company Name

GC Representative Name

GC Contact Info (Phone / Email)

Project Name

Scope of Work

Reference #2

GC Company Name

GC Representative Name

GC Contact Info (Phone / Email)

Project Name

Scope of Work

Reference #3

GC Company Name

GC Representative Name

GC Contact Info (Phone / Email)

Project Name

Scope of Work

CERTIFICATION

By signing below, I certify that the information provided in this Subcontractor Prequalification Form is true and accurate to the best of my knowledge.

Printed Name

Signature

Date