



**SUBCONTRACTOR PRE-QUALIFICATION FORM**

Thank you for your interest in IE2 Construction. In order to develop a more complete knowledge of your company and better match you with future opportunities with your capabilities, please complete this form and return it to: [estimating@ie2construction.com](mailto:estimating@ie2construction.com)

Today's Date: \_\_\_\_\_

**Section A - Company Information**

1) Company Name _____	2) Year Incorporated _____
3) Website _____	
4) Street Address _____	
5) Mailing Address _____	
6) Phone _____	

**Section B - Important Contacts**

	Name	Title	Cell Phone	e-mail
1		Estimator- send ITB		
2				
3				
4				

**Section C - Company Profile**

1) Type of Company	Corporation	Partnership	Sole Proprietorship
2) Trade(s) Your Company Bids _____			
3) Type(s) of Projects	Commercial	Healthcare	Apartments
	TI/Remodel	Hotels	Retail
			Condominiums
			Restaurant/Brewery
4) Please check all that apply (attached certificate if applicable)			
MBE	WBE	DBE	N/A
			MBE/DBE/WBE Certified by: _____
5) EIN or SS Number _____			
6) List corporate owner, partners, shareholders, or members who own more than 5% of your company's stock:			
	Name	Position	% Owned
A			
B			
C			
D			
E			
F			
G	<i>Attach separate sheet if necessary</i>		
7) How many people does your company presently employ?			
_____	Office	_____	Field Supervisory
_____		_____	Trades people
8) How many people did your company employ during the last three years (on average)?			
_____	Office	_____	Field Supervisory
_____		_____	Trades people
9) Please list any union affiliations			
_____	Local Number	_____	Union Name
_____		_____	Agreement Expiration

**Section D - Financial Capabilities**

1) Name of Bonding Agency _____	2) Agent Info _____
3) Bonding Capacity Single Job _____	4) Bonding Capacity Aggregate _____
5) Bank Name & Contact _____	
6) Largest contract to date _____	7) Amount of Line of Credit _____
8) Average contract amount _____	
9) Expected current year revenue _____	
10) Please list the prior three (3) years revenue:	
_____ 2022	_____ 2021
_____ 2020	
11) Amount of that work that is not yet completed _____	
12) Please list all litigations your company has been involved with and dates of settlement	
_____	
_____	
_____	

**Section E - Trade References**

1) Company Name _____	2) Company Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____
e-mail _____	e-mail _____
Length of business relationship _____	Length of business relationship _____
3) Company Name _____	4) Company Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____
e-mail _____	e-mail _____
Length of business relationship _____	Length of business relationship _____

**Section F - General Contractor References**

1) Company Name _____	2) Company Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Contact _____	Contact _____
e-mail _____	e-mail _____
Length of business relationship _____	Length of business relationship _____
Projects completed (include dates & contract amount)	Projects completed (include dates & contract amount)
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____
5) _____	5) _____

3) Company Name _____ Address _____ City/State/Zip _____ Phone _____ Contact _____ e-mail _____ Length of business relationship _____ Projects completed (include dates & contract amount) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____	4) Company Name _____ Address _____ City/State/Zip _____ Phone _____ Contact _____ e-mail _____ Length of business relationship _____ Projects completed (include dates & contract amount) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
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**Section G - Credit Authorization**

The submitter of this prequalification form warrants and represents the information provided is accurate in all respects. The submitter also authorizes IE2 Construction to contact any of the references given on this form. By signing below you agree to these terms and also agree the authorization given shall be without expiration.

Signature of Officer: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_