



We promise to deliver our clients an amazing customer experience - - every time.
We start with **Innovative Thinking**...We provide **Expert Guidance**...and We deliver **Superior Results!**

Subcontractor Pre-Qualification Cover Sheet

Company Name: _____

Thank you for your interest in working with Prevost Construction, Inc. We are a commercial general contractor specializing in tenant improvement construction.

Our focus is to provide quality construction services to our clients with a personal touch, while maintaining integrity and professionalism. We truly value our subcontractors and suppliers and our goal is to establish a lasting and professional working relationship.

Attached please find our "Subcontractor/Supplier Pre-qualification Package." Please complete the general information profile form and provide the necessary documents requested. If you have any brochures or marketing materials, please include those with your response.

In addition, we must ensure that your company can comply with our insurance requirements (attached). Please review this information carefully and forward it to your insurance agent for his/her review. A "proof of insurance certificate" including samples of all required endorsements must be submitted to Prevost Construction to be considered a qualified subcontractor.

→ If you have any **questions regarding insurance requirements**, please contact Carmen Hernandez in our office. (Carmen@prevostconstruction.com)

PLEASE RETURN YOUR RESPONSE PACKAGE BY MAIL OR BY EMAIL. RESPONSE SHOULD INCLUDE:

- This Cover Sheet with an officer's signature below
- The completed Subcontractor/Supplier Profile form & requested documents
- Project, Client & Supplier Reference Lists with contact names, phone and email addresses
- Any company literature or marketing materials
- Proof of Insurance Certificates including samples of all required endorsements
- Original W-9 Form

SEND PACKAGES TO: Lorraine@PrevostConstruction.com

I have read Prevost Construction's insurance requirements and will be able to issue a certificate that meets these requirements upon award of a subcontract with Prevost Construction.

Authorized Subcontractor Contact: _____
(Print Name)

Signature: _____ Date: _____



Subcontractor/Supplier Profile Form

Full Company Name:		
Physical Address:		
City/ST/Zip:		
Billing Address:		
Billing City/ST/Zip:		
Office Phone:	Office Fax:	Website:
Contacts: Name/Title	Mobile Phone:	Email Address:
Estimator		
Accounting		
Insurance		
CSI CODE	TRADES PERFORMED	

CA Contractor's License No: _____ **Exp. Date:** _____ **Fed Tax ID No:** _____

(Please include a copy of your license)

Spec Section: _____ **Trade: (List all that apply)** _____

Type of Work (Please check all that apply)

Open Shop Union Prevailing Wage Other:

Union Information:

T.I. Commercial T.I. Retail Shell Industrial

Number of Years in Business: _____ **Number of Employees:** _____

Have you had a 2nd tier subcontractor or suppliers file a lien against you? If yes, please explain:

Banking Reference: Please list your bank information below.

Bank: _____
Address: _____
Phone: _____
Contact: _____
Email: _____

Project References (Please provide all information requested or include attachment with information)

Project Name	Project Description	Contract Amount	GC	Contact Info

Dollar Range of Projects You Would Be Interested In:

From \$ _____ To \$ _____

INSURANCE

Subcontractors must be able to meet Prevost Construction's insurance requirements in order to bid on our projects. Our insurance requirements are included in this package, as well, as a Sample Certificate of Insurance and Additional Insured Endorsement document.

You MUST be able to meet these requirements.

GL Insurance Carrier: _____ Policy Expiration Date: _____

WC Insurance Carrier: _____ Policy Expiration Date: _____

Please Attach/Provide the following documents:

1. Copy of Contractor's License
2. W-9 Original Signed
3. Proof of Insurance Certificates
4. On a separate sheet, please list 3 General Contractor references: (list contact information)
5. On a separate sheet, please list 3 of your suppliers: (list contact information)

The above information is true and correct to the best of my knowledge.

Signature **Print Name/Title**

Date: _____