

SUBCONTRACTOR PREQUALIFICATION FORM

Date: _____

Firm Name: _____

Firm Address: _____

Contacts: _____

Phone: _____ Fax: _____ Mobile: _____ Pager: _____

Years in business under this name: _____

Sole Prop: ___ Partnership: ___ Corporation: ___ Fed Tax ID # _____

Bank Affiliation: _____ Phone: _____

Name of bank contact person: _____

Bonding capacity: (Letter certified by your agent): _____

Insurance Carrier and coverage: (Have your insurance provider mail a Certificate of Insurance naming Kort Builders, Inc. as an "Additional Insured" to Kort Builders, Inc., 5333 West 86h Street, Indianapolis, IN 46268)

Average number of employees: _____ Field _____ Office _____

Size of projects you are capable of performing:

Low: \$ _____

High: \$ _____

Job References:

<u>Project</u>	<u>Contact</u>	<u>Phone</u>
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1) _____

2) _____

3) _____

4) _____

Trade Credit References:

<u>Vendor</u>	<u>Address</u>	<u>Phone</u>
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1) _____

2) _____

3) _____

4) _____

Owners/Officers:

<u>Name</u>	<u>Title</u>	<u>Home Phone</u>
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Areas of Specialization: _____
