

NACE Subcontractor Pre-Qualifications Form

Company Name:

Address:

City: State: Zip Code:

Phone Number: FAX Number:

Contact:

Email Address:

Web Site:

Year Company was Established: No. of Years Under Current Ownership:

BANKING INFORMATION

Bank Name:

Contact Name: Phone Number:

Address:

City: State: Zip Code:

Country:

Bonding Information

Surety Company:

Contact Name: Phone Number:

Address:

City: State: Zip Code:

Country:

Bonding Capacity

Single Project \$ Aggregate: \$

INSURANCE INFORMATION

Insurance Company:

Contact Name: Phone Number:

Address:

City: State: Zip Code:

PLEASE ATTACHED COI

VOLUME OF WORK

Please provide your company's Annual Volume of Work for the past three (3) years

2014 \$

2015 \$

2016 \$

Desired Project Size

Maximum \$

Minimum \$

SAFETY

Does your company operate with a current and written safety program and procedures? Yes No

Please provide your accident history for the last three (3) years.

	# Manhours Worked	# of Days Lost	# of Losses	EMR
2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REFERENCES

Please provide three (3) references that you have worked with during the past five (5) years.

Company	Contact Person	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Labor Type Union Non-Union
 Minority Owned Yes No
 Veteran Owned Yes No
 Woman Owned Yes No

Has your company ever operated under any other name(s) Yes No

If yes, what name(s):

PLEASE SIGN AND SUBMIT THIS APPLICATION TO:

BILL QUINN, SENIOR ESTIMATOR
BQUINN@NACE-INTL.COM
 23812 HARPER AVENUE
 ST. CLAIR SHORES, MI 48080
 FAX: 586.498.9004

 Signature

Date:

Contact Person:

Title: