

# SUBCONTRACTOR PRE-QUALIFICATION FORM



**CORNERSTONE**  
CONSTRUCTION  
*"A Symbol Of Stability"*

## Major Trade(s)

  
  
  
  

## Company Information

Company Name

Contact Person

Address

Telephone

City

State

Zip Code

Email

Years in Business

Years in Business Under Present Name

Total Number of Employees

Office

Field

Shop

List of Geographic Areas Covered



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## Company Contacts:

Name/Title /Email

Phone/Fax/Mobile

Name \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

FAX \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

FAX \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Title \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

FAX \_\_\_\_\_

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## References

Bank Reference #1

Contact

Phone

Bank Reference #2

Contact

Phone

List Three Trade References (Contact & Phone)

Contact

  
  

Phone

  
  

List Three General Contractor References (Contact & Phone)

Contact

  
  

Phone

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List Four Major Projects Presently Under ConstructionProject

1

Project Name  Owner   
Contact  Phone   
Start Date  End Date  Contract Amount

Project 2

Project Name  Owner   
Contact  Phone   
Start Date  End Date  Contract Amount

Project 3

Project Name  Owner   
Contact  Phone   
Start Date  End Date  Contract Amount

Project 4

Project Name  Owner   
Contact  Phone   
Start Date  End Date  Contract Amount

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## Safety

Have you ever failed to complete a project? Yes    No

If yes, please explain:

Do you require your field employees to be OSHA 10-Hour Certified? Yes    No

Have you been cited by OSHA within the last four years? Yes    No

If yes, please explain:

What are your standard limits of insurance coverage?

### General Liability

Limit

Insurance Company

Broker

Phone

### Umbrella

Limit

Insurance Company

Broker

Phone

### Workers Compensation

Limit

Insurance Company

Broker

Phone

Are you bondable? Yes No

Surety Co. (\$)

Single Job Limit

Aggregate (\$)

Broker

Phone

Workers Compensation Modification Rating (EMR for last three years)

2021

2020

2019

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## Project Details

Does your company have any particular area of expertise or specialty? Please explain.

Minimum size of job your firm would like to perform (\$)

Maximum size of job your firm would like to perform (\$)

## Submission Information

This form is to be signed by an Officer of the firm or an individual so authorized by an officer or the firm.

Submit this completed form to Mish Lunn by email at [ml@cornerstone-constructiongroup.com](mailto:ml@cornerstone-constructiongroup.com) or by mail to the below address.

**By signing below, your firm, under penalty law, certifies that the representations and certifications are accurate, current, and complete. Your firm further certifies that it will notify us of any changes to these representations and certifications. The representations and certifications made by your firm, as contained herein, concern matters within the jurisdiction of an agency of the prosecution under Title 18, United States Code, Section 1001**

Submitter

Title

Phone

Email