

AJ. Martini Inc.
SUBCONTRACTOR PREQUALIFICATION STATEMENT

GENERAL DATA:

Date: _____
 Firm Name: _____
 Address: _____
 City: _____
 Phone: _____

 Type of Business: _____
 Union Affiliation: _____

 Division(s) of Work: _____

 Dollar Limitations: _____

Type of Business:
 Individual
 Partnership
 Corporation

Check if any apply:
 SOMWBA
 DBE
 MBE
 WBE

CONTACT PERSON(S):

Principal(s) and Title(s): _____
 Estimator(s): _____
 Project Manager(s): _____

BUSINESS REFERENCES:

Material Suppliers: 1.) Name: _____ Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 2.) Name: _____ Contact: _____
 Address: _____
 Phone: _____ Fax: _____

 Client References: 1.) Name: _____ Contact: _____
 Address: _____
 Phone: _____ Fax: _____
 2.) Name: _____ Contact: _____
 Address: _____
 Phone: _____ Fax: _____

QUESTIONS:

1.) How many years has your company been in business? _____
 2.) How many years experience have the owners had in this kind of business? _____
 3.) Have you ever failed to complete any work awarded to you? _____
 4.) Have you ever failed to satisfy a claim for unpaid material, equipment or labor accounts? _____
 5.) Name of your surety company and bonding capacity: _____
 6.) Name of insurance carrier for workmen's compensation: _____
 7.) Liability insurance: _____
 8.) What is your Workers Compensation Experience Modification rating? _____

OTHER INFORMATION:

Bank Name: _____
 Address: _____

*** Please attach a current financial statement and an insurance certificate ***