



Subcontractor Prequalification

Thank you for your interest in Vericon Construction Company.
Please complete this form and fax back to 908-873-0023 or email to: info@vericonbuilds.com

Name of Company: _____
 Address _____
 City, State, Zip _____
 Phone: _____ Fax: _____
 Contact _____
 Email Address: _____
 D&B # _____ Web: _____

Trades Interested Bidding: _____

Is your company: MBE WBE (please attach copy of certificate)

Labor Affiliation: Union Which are you signatory with?: _____
 Open Shop

Annual Dollar Volume for past 3 years:

20__ : \$ _____ 20__ : \$ _____ 20__ : \$ _____

How long has your company been in business? _____

Please rank from 1 to 5 the type of jobs you typically perform (1 being the most common):

Hospital		Bank Renovation		Ground up – Bank	
Pharmaceutical		Interior Reno (TI)		Ground up – 2 story	
Retail		Industrial		Ground up – multi-story	
Residential		Design Build		Renovations (occupied)	
Public Work		Schools		Other -	

List the geographical areas in which you work:

List (3) General Contractors that you do business with:

Names of Principal Owners:	Title / Position
_____	_____
_____	_____
_____	_____

Has your company or any of its principles ever filed for bankruptcy? YES NO
 If yes, please explain: _____

Has your company failed to complete a contract? YES NO
 If yes, please explain: _____

Does your company have any judgments or claims against it? YES NO
 If yes, please explain: _____

Does your company have any open liens against a property? YES NO
 If yes, please explain: _____

SAFETY

Does your company have a safety program? YES NO

Have your company ever been cited by OSHA? YES NO
 If yes, please provide information.

Experience Modification Rate for:

20__ : _____ 20__ : _____ 20__ : _____

ESTIMATING

Are you able to print full size drawings: YES NO

Estimating Contact: _____
 Email to send bid invites: _____

FINANCIAL AND INSURANCE

1. Please attach most current financial statement.
2. Please attach insurance certificate naming Vericon Construction Co. as both certificate holder and additional insured.