



4555 Middle Road
Columbus, IN 47203
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SUBCONTRACTOR PRE-QUALIFICATION FORM

Name of Business: _____

Street Address: _____

Mailing Address (if different from above): _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

Email: _____ Website: _____

BUSINESS STRUCTURE

- Corporation Partnership LLC Sole Proprietorship
- General Contractor Sub-Contractor Supplier
- Work Self Performed _____

Years in Business under Present Organization: _____

Name of President or CEO: _____

Key Personnel: _____
Name and Title

Name and Title

Name and Title

FINANCIAL & BUSINESS INFORMATION

Sales volume for each of the last three years:

\$ _____ (200__) \$ _____ (200__) \$ _____ (200__)

Bonding Capacity: \$ _____

Bonding Company: _____

Bonding Agent Name: _____ Phone: _____

Bank Name: _____

Contact: _____ Phone: _____

Amount of Bank Line of Credit: \$ _____

AFFILIATION: Union Non-Union

Total Number of Employees: _____

Management Staff: _____ Superintendents: _____ Field Labor: _____

