



SUBCONTRACTOR PREQUALIFICATION FORM

Legal Business Name: _____ DBA (if applicable): _____
Address: _____ City: _____ State: _____ ZIP: _____
Main Contact Name: _____ Years in Business: _____
Phone: _____ Fax: _____ Main Contact Email: _____
Estimating Contact: _____ Cell #: _____ Email: _____
Billing Contact: _____ Cell #: _____ Email: _____
Business Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual Incorporation Date: _____
FEIN #: _____ AZ TPT #: _____ Dun & Bradstreet #: _____

+ ATTACH COPY OF TPT LICENSE (AZ CONTRACTORS ONLY) +

PRINCIPALS

Title	Name	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSE & INSURANCE

Work/Trades Self Performed: _____
Other Work/Trades Managed: _____
Professional License # & State: _____

INSURANCE DOCUMENTATION TO BE PROVIDED

Certificate of Insurance naming SDB, Inc. as Additional Insured: *\$1,000,000 minimum required*
Worker's Compensation Certificate or Sole Proprietor Waiver (if applicable): *\$1,000,000 minimum required*
Certificate of Auto, General Liability listing SDB, Inc. as Additional Insured: *\$1,000,000 minimum required*

DISADVANTAGED BUSINESS DESIGNATION

☐ None ☐ MBE ☐ WBE ☐ DBE ☐ SBE ☐ SDVOSB ☐ Other: _____
Certifying Agency: _____ Certification #(s): _____
Vendor/Client Reference: _____ Phone #: _____ Email: _____

+ ATTACH COPY OF CERTIFICATIONS +

REGISTERED WITH

☐ ISNetworld ☐ Highwire ☐ Neither



SAFETY

Safety Contact Person: _____ Current # of Employees: _____

EXPERIENCE MODIFICATION RATE (LAST 3 YEARS)

20____ : _____ 20____ : _____ 20____ : _____

+ ATTACH LETTER FROM INSURANCE COMPANY STATING EMR RATE +

BANKING & BONDING

Gross Sales for the Past 3 Years: 20____ : _____ 20____ : _____ 20____ : _____

Bonding Limit Per Project: \$ _____ Aggregate Bonding Capacity: \$ _____

Insurance Company: _____ Bonding Company: _____

BANK REFERENCE

Bank Name	Contact	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

+ ATTACH A LETTER FROM YOUR BONDING COMPANY STATING CAPACITY +

+ ATTACH OR EMAIL A COPY OF YOUR COMPANY FINANCIALS TO FINANCE@SDB.COM +

Is the attached financial statement for the identical organization named on page one? ☐ Yes ☐ No

If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidary).

Will the organization whose financial statement is attached act as guarantor of the contract for construction? ☐ Yes ☐ No

Prepared by: _____ Referred by: _____

Date: _____ Date: _____

By submitting a bid, subcontractor and their sub tier subcontractors hereby acknowledge the SDB, Inc. subcontract requirements and agree to perform per SDB safety policies.