

SUBCONTRACTOR PRE-QUALIFICATION

Project:	Date:			
Location:				
Subcontractor Name:				
Subcontractor Specialty:				
Legal Address:				
City:	State:	Zip Code:		
Telephone:				
Point of Contact:				
Single Project Bonding Capacity: \$\sqrt{\$}\$				
Past Experience:				
Project size completed over the past 3 years	s (dollar value)			
1) Project Name			\$	
Contact Name:	400 000 N	Dhone M		
2) Project Name			\$	
Contact Name:		Phone N		
3) Project Name			\$	
Contact Name:		Phone No.:		
Insurance Requirements:		Yes	No	
General Aggregate - \$2,000,000.00:			1	
Product-Completed Ops - \$2,000,000.00:				
Each Occurrence - \$1,000,000.00:				
Personal Injury - \$1,000,000.00:	O' 1 T''			
Auto-All Vehicles - \$1,000,000.00 Combined 5 Umbrella - \$2,000,000.00	Single Limit:	·		
Workman's Compensation:				
\$100,000.00 E.L. Each A	ccident	1		
\$500,000.00 E.L. Disease		·	1.	
\$100,000.00 Disease - Ea	950	-	9	
Ψ100,000.00 Ε166466 Ε	tell Employee			
Other Information:				
Average number of employees over the past three	ee years:			
Safety EMR of 1 or less over the last 3 years:	J			
Past work experience with San Luis Valley Scho	ools or Moffat Scl	hool District:		
General Contractor References:				
1) Name & Contact:			Phone No.:	
2) Name & Contact:			Phone No.:	
3) Name & Contact:			Phone No.:	
4) Name & Contact:			Phone No.:	