

MAIN OFFICE
500 Utility Court
PO Box 248
Reedsburg, WI 53959
(608) 524-4383
(608) 524-8393 Fax



SUBCONTRACTOR PREQUALIFICATION FORM

GENERAL INFORMATION

Business Name: _____ Website: _____

Address _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Position: _____

E-Mail: _____ Cell Phone: _____

Please Check One: Corporation Self Proprietorship Partnership Other _____

Incorporated in State of: _____ How long has the company been in business? _____

Please list the most frequent type(s) of work performed by your firm: _____

Has your company or any of its principals ever filed for Bankruptcy? **Y / N**

Have any claims been made or legal action been brought in the past five years (or made earlier and still pending) against your company or its principals? **Y / N**

PRINCIPAL OWNER & OFFICER INFORMATION

Name _____ Title _____ Date of Birth _____

Name _____ Title _____ Date of Birth _____

BONDING & INSURANCE INFORMATION

Performance Bond Capacity: _____ Insurance Capacity: _____

Insurance Agent: _____ Agent Telephone: _____

Has your company ever defaulted on a project? **Y / N** Approximate Annual Sales \$ _____

Does your company have a written Safety Program? **Y / N** OSHA Violations in last 5 years? **Y / N**

What is your Worker's Compensation Experience Modification Rating (EMR) for the last three years?

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BUSINESS BANKING REFERENCES

1. Name _____ Contact Name _____

Address _____ Telephone _____ Email _____

Does your company have a Line of Credit? **Y / N** What is your available credit? _____

SUPPLIER REFERENCES

1. Name _____ Contact Name _____

Address _____ Telephone _____ Email _____

2. Name _____ Contact Name _____

Address _____ Telephone _____ Email _____

3. Name _____ Contact Name _____

Address _____ Telephone _____ Email _____

MOST RECENT COMPLETED PROJECT INFORMATION

1. Project Name _____ Owner Name _____

Contractor Name: _____ Contract Amount: _____ Telephone _____

2. Project Name _____ Owner Name _____

Contractor Name: _____ Contract Amount: _____ Telephone _____

3. Project Name _____ Owner Name _____

Contractor Name: _____ Contract Amount: _____ Telephone _____

AUTHORIZATION

I hereby certify, to the best of my knowledge, that the information submitted is true and accurate. I hereby authorize the above mentioned bank, trade, or contractor references to release any and all information required by Friede & Associates, LLC for the sole purpose of establishing and/or maintaining a business relationship. This application and any of its attachments are strictly confidential and will be used solely by Friede & Associates, LLC.

Signature: _____ Name (Please Print): _____

Title: _____ Date: _____