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ROC B1-102221, L37-102222

## Subcontractor Pre-Qualification Form

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

General Email: \_\_\_\_\_ Estimator Email: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ AZ ROC #: \_\_\_\_\_

Business type: [ ] Corporation [ ] Partnership [ ] LLC [ ] Sole Proprietor [ ] Other: \_\_\_\_\_

Does your company have a Parent Company? \_\_\_ (yes) \_\_\_ (no) Name: \_\_\_\_\_

Scope of work performed by your company, the scope you sub out: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of Years in Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Do you have a physical office: \_\_\_\_\_

Do you have dedicated office personnel for job compliance? \_\_\_ (yes) \_\_\_ (no)

Have you or your company declared bankruptcy in the last 5 years? \_\_\_ (yes) \_\_\_ (no)

Have you had an contract terminated by an owner due to performance? \_\_\_ (yes) \_\_\_ (no)

Explain reason for termination:

\_\_\_\_\_

How many jobs can you run/man at a time? \_\_\_\_\_

How many shifts can you man? \_\_\_\_\_

Annual \$ Volume: \_\_\_\_\_ Largest \$ Job: \_\_\_\_\_

**Legal Information**

Are there any current judgements, claims, arbitration proceedings or suits pending or outstanding

against your ROC License? \_\_\_\_ (yes) \_\_\_\_ (no). Please attach a separate page to explain.

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction work in the past 4 years? \_\_\_\_ (yes) \_\_\_\_ (no). Please attach a separate page to explain.

**Insurance**

General Liability Carrier: \_\_\_\_\_ General Liability Limits: \_\_\_\_\_

Workers Comp Carrier: \_\_\_\_\_ Workers Comp Limits: \_\_\_\_\_

Are you able to include the insurance endorsements for Additional Insured, Completed Operations, Primary Non-Contributory and Ongoing Operations? \_\_\_\_ (yes) \_\_\_\_ (no)

**References**

A. Suppliers: Provide 2

1. Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

2. Company Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

B. General Contractors you have worked for in past 2 years:

1. Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contract \$ Amt: \_\_\_\_\_

2. Company Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contract \$ Amt: \_\_\_\_\_

3. Company Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contract \$ Amt: \_\_\_\_\_

C. Bank Information:

1. Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone # : \_\_\_\_\_

I, \_\_\_\_\_, certify that all the above information is true and correct,  
and I hereby give Haugebak Construction authority to verify the accuracy of this  
information with the bank, suppliers, and general contractor(s) references listed above.

Completed By: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)