



Subcontractor Pre-Qualification Questionnaire

(Please mail completed package to corresponding Estimating Department listed at the bottom of page)

Company Name _____ Date _____

Website Address _____

	Street	City, State, Zip	Phone	Fax
Main				
2 nd				
3 rd				
4 th				

Contacts Name	Title	Phone	Fax	Email

License Number _____ Expiration Date _____ Fed Tax ID # _____

(Please include a copy of License)

Spec Section _____ Trade (list all that apply) _____

Region of Work: _____

Type of Work: _____

Open Shop _____ Union _____ Prevailing Wage _____ Other _____

Union Information _____

1807 Murry Road, Suite G
 Roanoke, VA 24018
 (O) 540-343-6749
 (F) 540-343-6031

45570 Shepard Drive, Unit 1
 Sterling, VA 20164
 (O) 571-766-0968
 (F) 571-766-0952



Please check the box that best describes you company's capabilities:

Design-Build _____ Mid-Rise Buildings _____ School _____ Shell _____ Hotel _____
 Commercial _____ Parking Structures _____ Shopping Malls _____ Retail Centers _____
 Multi-Family _____ T.I. Commercial _____ T.I. Retail _____

Bonding Company Name _____

Agent Name _____

Address _____

Bonding Capacity _____

Type of Business

Corporation _____ Sole Proprietorship _____ Partnership _____ SWAM Certified _____

Years in Business _____ Number of Employees _____

Dun & Bradstreet No. _____ Dun & Bradstreet Rating _____

Principals _____ Owners _____ Subsidiaries _____

Principals	Owners	Subsidiaries

Bank Name & Branch _____

Line of Credit Amount \$ _____ Line of credit Available \$ _____

- Does your Company do audited _____ or _____ reviewed financial statements?
- What was your company's average yearly volume of work for the past three years

Last Year _____ Previous Year _____ Year Previous _____

- What was your company's net income for each of the last three years?

Last year _____ Previous Year _____ Year Previous _____

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4. Has your company ever filed for bankruptcy protection in the U.S. Bankruptcy Court? If yes, please explain:

5. Have you ever had a contract terminated for default within the past five years? If yes, please explain: _____

6. Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company? If so please explain:

7. Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last 5 years? If so please explain:

Project References

Project Name	Project Description	\$Project Amount	Contractors Name	Contract Name/Phone

Dollar Range of Projects You Would Interested in :

From \$ _____ To \$ _____

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Insurance

Subcontractors must be able to meet Turner Long Construction, Inc's insurance requirements in order to bid on our projects. A list of our insurance requirements as outlined in our subcontractor agreement. It is included in this package, as a Sample Certificate of insurance and Additional Insured Endorsement.

You **MUST** be able to meet these requirements to work on our projects.

Please note; **ONLY** complete packages will be reviewed and considered. Upon acceptance, your company will be placed on our subcontractor Master Bid List.

Please attach/provide the following:

Copy of Contractors License

Copy of Insurance Certificates

Shipping Account NO. _____ (FedEx, Golden State, UPS, etc.)
REQUIRED

The above information is true and correct to the best of my knowledge.

Signature

Date

Print Name and Title



Project References

Company Name: _____

Project Name:
Project Description
Project Contact Name/ Phone
Dollar Amount of Project
Project Name:
Project Description
Project Contact Name/ Phone
Dollar Amount of Project
Project Name:
Project Description
Project Contact Name/ Phone
Dollar Amount of Project
Project Name:
Project Description
Project Contact Name/ Phone
Dollar Amount of Project

Current Volume: \$ _____ Number of Jobs in Progress: _____

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