



Subcontractor Pre-Qualification Application

Contact Information

Company's Legal Name: _____
Executive Contact Name and Title: _____
Estimating Contact: _____

Physical Street Address: _____
City: _____ State: _____ Zip: _____

Mailing Address (if different): _____
City: _____ State: _____ Zip: _____

Telephone (with Area Code): _____
Fax (with Area Code): _____
Email: _____ Website: _____

Company Background

Type of Organization (Circle One): *Incorporated* *LLC* *Sole Proprietorship* *Partnership*
If other, please explain: _____

Year of Incorporation (or origination): _____

Type of work (scope) you provide: _____

Does your company provide: *Labor Only* *Material Only* *Both Labor & Material*

Geographical Work Area: _____

Have you ever failed to complete a project? *Yes* *No*
If Yes, please explain. _____

Do you qualify for any of the following: *MBE SBE WBE EDGE DBE N/A*

Do you have an ongoing safety plan in place? *Yes No*

Current number of employees: _____

Do you have a current Worker's Compensation Certificate? *Yes No*

If Yes, please provide a copy with this application.

Do you participate in the BWC Drug Free Work Place Program? *Yes No*

C&N Contractors, Inc. requires liability insurance from all Subcontractors on every project. Insurance limitations must match or exceed contract requirements as set forth by each specific project owner. Certificates must always list C&N Contractors, Inc. and respective project owner as additional insureds for the duration of each project. Note here that you understand and agree to these terms:

Agree Do Not Agree

C&N Contractors, Inc. requires all sub-contractors to have a State of Ohio Contractor's Compliance Certificate. Do you have a current Certificate? *Yes No*

If Yes, please provide a copy with this application.

If No, may be applied for at <http://das.ohio.gov/eod>

C&N Contractors, Inc. e-mails invitations to bid to subcontractors. Does your company have the ability to receive e-mail invitations? *Yes No*

If applicable for your scope of work, do you provide design/build services? *Yes No*

If required for your scope of work, do you outsource shop drawings or are they produced in-house?

Outsource In-House N/A

Professional References

Contractors (list at least 3 local)

Company Name: _____

Contact: _____

Phone Number: _____

Company Name: _____

Contact: _____

Phone Number: _____

Company Name: _____

Contact: _____

Phone Number: _____

Projects (at least 3)

Project Name: _____

Address: _____

Scope: _____

Date Completed: _____

Project Name: _____

Address: _____

Scope: _____

Date Completed: _____

Project Name: _____

Address: _____

Scope: _____

Date Completed: _____

Additional comments for consideration:

Your Company's Legal Name: _____