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SUBCONTRACTOR PRE-QUALIFICATION FORM

Legal Company Name: _____

Contact Name: _____ Email Address: _____

Physical Address: _____ Mailing Address: _____

Phone Number: () _____ Fax Number: () _____

Year Established: _____ Is your Company Bondable? (circle one) YES / NO Bond Limit: \$ _____

Contractor License #: _____

UBI#: _____

Federal Tax#: _____

Worker Comp Acct#: _____

Please Mark One:

<input type="checkbox"/>	Corporation
<input type="checkbox"/>	LLC
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Sole Proprietor

Names of Officers/Partners or Owners: _____
 (Please Print and Include Titles) _____

Type of Work your Company performs: _____

Project Size and Value of Work performed typically by your firm: _____

Geographical Area in which your Company works: _____

Has your Company, or any of it's subsidiaries, had any lawsuits or claims filed against it in the past 10 years? (circle one) YES / NO

(If yes, explain): _____

Has your company, or any of it's subsidiaries, filed for bankruptcy within the past 10 years? (circle one) YES / NO

Please provide the following along with this Pre-qualification form:

- 1) A copy of your current Contractor's License
- 2) List of major projects worked on in the past 5 years and scope of work performed.
- 3) List of at least four (4) Business References
- 4) Copy of current Certificate of Insurance
- 5) Copy of current Financial Statement