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110 W. Montgomery Street, Villa Rica, Georgia 30180 Phone: (770) 456-9660 Fax: (770) 456-4459

### **SubContractor Pre-Qualification Form**

**1. Business Profile:**

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Type of work performed: \_\_\_\_\_  
\_\_\_\_\_

Years in business under current name: \_\_\_\_\_

Contractor License No. \_\_\_\_\_ State: \_\_\_\_\_

2. Business Organization: Corporation ( ) Partnership ( ) Sole Proprietor ( )

3. State and Date Organized: \_\_\_\_\_

4. Federal ID Number: \_\_\_\_\_

**5. Name & Title of Officers, and/or Partners**

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

6. If a Subsidiary of another company, list parent company name & address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CALIBER 1 CONSTRUCTION, INC.**

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7. List States & work categories in which your organization is legally authorized to conduct business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Bonding capacity:                      Single Project: \$ \_\_\_\_\_, Aggregate: \$ \_\_\_\_\_  
Surety Company: \_\_\_\_\_  
Agent Company: \_\_\_\_\_

9. Insurance: Submit a copy of your Standard Insurance Certificate showing coverage & limits.

Insurance Agent: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

10. List three (3) References (General Contractors) for whom your firm has worked:

Reference # 1  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Reference # 2  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

Reference # 3  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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11. List three (3) projects completed by your firm within the past 2 years:

Project #1 Name: \_\_\_\_\_  
Location (City/State): \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Date Completed: \_\_\_\_\_

Project #2 Name: \_\_\_\_\_  
Location (City/State): \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Date Completed: \_\_\_\_\_

Project #3 Name: \_\_\_\_\_  
Location (City/State): \_\_\_\_\_  
Contracting Agency: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Date Completed: \_\_\_\_\_

12. Has your firm:

Failed to complete a contract?	No ( )	Yes ( )
Been involved in a bankruptcy or reorganization?	No ( )	Yes ( )
Pending judgment or suits against firm?	No ( )	Yes ( )

(If answer to any of the above is yes, please submit details on a separate sheet).

Information Furnished By:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Date: \_\_\_\_\_

Please submit this form to [chollingsworth@caliber1construction.com](mailto:chollingsworth@caliber1construction.com)