



"A Tradition of Excellence in Health Care Construction"

Guthrie General, Inc.

### Subcontractor Pre-Qualification Form

\*Indicates required field

#### Company Information:

\*Company Name: \_\_\_\_\_  
 \*Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ \*Email: \_\_\_\_\_  
 Web address: \_\_\_\_\_

#### Profile Information:

\*Trade(s) Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Geographic Region(s) Serviced: \_\_\_\_\_

#### Structure Type(s) Preferred:

Healthcare     Commercial     Education     Government     Hospitality  
 Industrial     Military     Religious     Residential     Retail  
 Transportation     Utilities     Other: \_\_\_\_\_

Work Type(s) Preferred:  New     Alterations/Rehabilitations     Interior Fit-Ups

Typical Project Dollar Size: \_\_\_\_\_

Annual Dollar Volume of Work: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Labor Affiliation:  Union     Non-Union     Prevailing Wages

#### Business Certifications:

(Attach documentation from any local, state or federal agency that has certified your company.)  
 Minority Business Enterprise (MBE)     Disadvantaged Business Enterprise (DBE)  
 Women Business Enterprise (WBE)     Local Business Enterprise (LBE)  
 Small Business Enterprise (SBE)     Veterans Business Enterprise (VBE)



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Business Certificates/Other(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manufacturer Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trade Associations and/or Organizations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Projects Recently Completed (List 3):**

\*Project Title: \_\_\_\_\_  
Project location: \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

Project Title: \_\_\_\_\_  
Project location: \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

Project Title: \_\_\_\_\_  
Project location: \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

**Bond Information:**

Bonding Capacity- Per Project: \_\_\_\_\_  
Bond Capacity- Aggregate: \_\_\_\_\_  
Current Amount Bonded: \_\_\_\_\_  
Bond Rating: \_\_\_\_\_

Surety Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Bonding Rate: \_\_\_\_\_



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**Legal & Financial Information:**

Type of business:  Corporation  Partnership  Sole Proprietorship

\*Federal Tax Identification Number: \_\_\_\_\_

\*Federal License Number: \_\_\_\_\_

\*Local License Number: \_\_\_\_\_

**Insurance (Limits and Coverage Types):**

Workmen's Compensation: \_\_\_\_\_

General Liability: \_\_\_\_\_

Excess/Umbrella Liability: \_\_\_\_\_

Automobile Liability: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Bank Reference:**

Bank: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Safety Information:**

Does your company document safety procedures?  Yes  No

Does your company conduct onsite safety inspections?  Yes  No

Does your company conduct onsite safety meetings?  Yes  No

Form completed by: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_