



Blue & Associates, Inc.

15602 Patrica Street, Suite 200
Austin, Texas 78728

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Subcontractor Prequalification Form

Company Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

Web Page Address: <http://www.> _____

Tax ID or SS #: _____

Years in Business: _____

Type of Company: LLC

Corporation

Partnership

Sole Proprietor

Are you Bondable?: Yes

No

Insurance Company: _____

GL Limits: \$ _____

per occurrence; \$ _____

aggregate

Key Personnel Contact Information

ESTIMATING DEPARTMENT CONTACT:

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Cell: _____

COMPANY OWNER/PRESIDENT:

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Cell: _____

ADMINISTRATIVE OR ACCOUNTING CONTACT:

Name: _____

Title: _____

Telephone: _____

E-mail: _____

Cell: _____

Bidding Information

Minority Business Enterprise (MBE)

Women's Business (WBE)

African American Business (AABE)

Certified Business Enterprise (CBE):

Asian American Business (ABE)

Small Business (SBE)

Hispanic Business (HBE)

Disadvantaged Business (DBE):

Native American Business (NABE)

8a Business Enterprise (8a)

Service-Disabled Veteran-Owned Small Business (SDVOSB)

Historically Underutilized Business (HUB)

Trades & Type of Work

General Requirements	Site Work	Concrete	Masonry
Metals	Woods/Plastics	Thermal/Moisture	Doors/Windows
Finishes	Specialties	Equipment	Special Constr.
Mechanical	Electrical	Other: _____	

Comments: _____

Experience

Retail Big Box	Shopping Centers	Grocery	Fitness/Recreation
Restaurants	Warehouses	Industrial	Office
Medical/Dental	Financial	Site Work	Residential

Other: _____

Other Information

Are there any open or aggregate liability claims that would impair your ability to insure any project? Y N

In the past five (5) years, has your company:

- operated under any other name? Y N
- had any liens filed against it by any of its subcontractors or suppliers? Y N
- If yes, give details for any liens over \$5,000 on a separate sheet of paper*
- ever failed to complete a contract, been defaulted, or had a contract terminated? Y N
- had any of its key personnel been party to a bankruptcy/reorganization proceeding? Y N
- had any of its key personnel been involved in a lawsuit arising from a project? Y N
- had any of its key personnel been investigated for violation of labor laws? Y N
- been investigated for or found to have committed a serious OSHA violation? Y N

***If you answered yes to any of the above questions,
please include pertinent details on a separate sheet of paper.***

References (attach a separate sheet if necessary)

Name of Project	Scope of Work	\$(K)	Project Yr
Recently Completed Projects:			
Current Projects (Work in Progress):			
Trade References (List 3 of your primary vendors or suppliers):			
Company:	Address:		
Contact Name:	City:		Zip Code:
Company:	Address:		
Contact Name:	City:		Zip Code:
Company:	Address:		
Contact Name:	City:		Zip Code:
Company:	Address:		
Contact Name:	City:		Zip Code:
Contact Name:	Phone #:		