

Demolition Subcontractor Prequalification Form

Company Information

Company Name

Address

Phone

Email

Year Established

Federal Tax ID

Licensing & Insurance

License Number

License State

Expiration Date

General Liability Carrier

Policy Number

Coverage Amount

Workers' Compensation Carrier

Policy Number

Experience

Years in Demolition

Average Annual Volume (\$)

Type of Demolition Work Performed

List Three Recent Projects

References

Reference Name

Company

Phone

Reference Name

Company

Phone

Safety

EMR (Experience Modification Rate)

OSHA Violations in Last 3 Years

Describe Your Safety Program

Signatures

Authorized Signature

Date

Title