

Elevator Installation Subcontractor Prequalification Form

Company Information

Company Name

Year Established

Address

City

State

ZIP Code

Phone

Email

Website

Company Details

Legal Structure

Federal Tax ID

License Number

License State(s)

Experience

Types of Elevators Installed

Years of Elevator Experience

Notable Projects or References

Safety

OSHA Recordable Incidents (last 3 years)

EMR (Experience Modification Rate)

Describe safety program or training procedures

Insurance

General Liability Insurance Carrier

Policy Number

Coverage Amount

Additional Information

Other relevant information