

# Fire Protection Subcontractor Prequalification Form

## Company Information

Company Name

Contact Person

Title

Phone Number

Email

Address

City

State

Zip Code

## Company Details

Type of Organization

Year Established

Number of Employees

License Numbers (state/municipal)

Union Affiliation (if any)

Insurance & Bonding

Insurance Provider

Type of Coverage & Limits

Bonding Company

Bonding Capacity

Capabilities & Experience

Scope of Services Offered

Type of Fire Protection Systems Installed

Geographic Areas Served

List of Relevant Projects Completed in Last 3 Years

# References

Owner/GC Reference 1 (Name, Company, Phone)

Owner/GC Reference 2 (Name, Company, Phone)

Supplier Reference (Name, Phone)

# Safety

EMR (Experience Modification Rate) for Past 3 Years

OSHA Recordable Incidents Past 3 Years

Any Fatalities in the Past 3 Years?

# Additional Comments