## **Steel Erection Subcontractor Prequalification Form**

Company Information
Company Name
Address
City
State
Zip Code
Phone
Email
Website
Business Details
Type of Business
Year Established
State(s) Licensed To Work
Number of Employees

Safety Information

EMR (Experience Modification Rate) for past 3 years

OSHA Citations (past 3 years)
Has your company ever had a fatality?
<b>Y</b>
If yes, please explain
Insurance & Bonding
Insurance Carrier
Contact Name
Contact Phone
Bonding Capacity
Bonding Company
Relevant Project Experience
List Sample Projects Completed (include project name, location, GC, value):
References
References (name, company, phone, email):

## Additional Information

Comments or Other Relevant Information: