

Fire Protection Subcontractor Prequalification Form

Company Information

Company Name

Address

City

State

Zip Code

Phone

Email

Website

Contact Person

Business Information

Years in Business

License Number

State(s) Licensed

Type of Organization

Insurance & Safety

Insurance Carrier

Insurance Contact

Current EMR (Experience Mod Rate)

OSHA Violations (Past 3 Years)

Project Experience

Project Name / Location

Scope of Work

Year Completed

Project Name / Location

Scope of Work

Year Completed

References

Reference Name

Company

Phone

Reference Name

Company

Phone

Additional Information

Please provide any additional information that may be relevant