

# HVAC Subcontractor Prequalification Questionnaire

## Company Information

Company Name

Address

Phone

Email

Website

Year Established

## Licensing & Insurance

Contractor License Number

State(s) Licensed In

Type of Work Licensed For

Workers' Compensation Insurance (Yes/No)

General Liability Insurance (Yes/No)

Bonding Capacity

# Experience & Capabilities

Type of Work Performed

Typical Project Size (\$)

Geographic Areas Serviced

Number of Field Employees

Number of Office Employees

## Safety & References

OSHA Recordable Incidents (past 3 years)

EMR (Experience Modification Rate)

References (Name, Company, Contact Info)

## Recent Projects

Project Name

Location

Client/Owner

Project Value (\$)

Year Completed

Additional Projects/Comments

**Additional Information**

Comments