

# Asbestos Abatement Subcontractor Prequalification

## Company Information

Company Name

Address

City

State/Province

Postal/Zip Code

Contact Name

Phone Number

Email

Date Established

## Licensing & Certification

Asbestos License Number

Issuing State/Authority

Expiration Date

Company Certifications

## Insurance Information

General Liability Insurance Carrier

Policy Number

Expiration Date

Workers' Compensation Carrier

Policy Number

Expiration Date

## Project Experience

Project Name	Location	Year	Scope/Description

## Safety Record

OSHA Recordable Incidents (last 3 years)

EMR (Experience Modification Rate)

Fatalities (last 5 years)

## References

Name	Company	Phone	Email

# Additional Information

Comments