



### Subcontractor Pre-Qualification Statement

Please complete and return to our office so that we may add your company to our Bidding List.

Business Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

License Number: \_\_\_\_\_ Type: \_\_\_\_\_  
\_\_\_\_\_ Type: \_\_\_\_\_  
\_\_\_\_\_ Type: \_\_\_\_\_

What trade(s) does your company perform? \_\_\_\_\_  
\_\_\_\_\_

(Please be specific)

Type of Project Interested in Bidding:  Commercial  Institutional  
 Industrial  Renovation

Size of Project Interested in Bidding:  \$50,000 or Less  \$50,000 – \$100,000  
 \$100,000 - \$500,000  \$500,000 or more

Geographical Areas Interested in Work:

Wilmington Area  South Carolina  Southeast NC Only  
 North Carolina  Virginia  \_\_\_\_\_  
 Tennessee  Georgia  \_\_\_\_\_  
 Maryland  Florida  \_\_\_\_\_

Please provide references that can attest to your company's performance:

Company Name	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How long has your company been in business? \_\_\_\_\_ Number of employees \_\_\_\_\_

Who should Bid Invitations be addressed to? \_\_\_\_\_

Do you prefer  Faxed or  E-Mailed Bid Invitations?

Are you an MBE/WBE contractor? Y N Type: \_\_\_\_\_ If so, in what counties/cities are you certified? \_\_\_\_\_

Is your company bondable? Y N Name of Bonding Company. \_\_\_\_\_

Does your company have the minimum insurance requirements (see below)? Y N

Name of Insurance Carrier: \_\_\_\_\_

(Please send a current copy of your insurance certificate)

Insurance Requirements for Subcontractors:

TYPE

**A. COMMERCIAL GENERAL LIABILITY**

\$1,000,000	General Aggregate
\$1,000,000	Products/Completed Operations Agg.
\$1,000,000	Personal & Advertising Injury
\$1,000,000	Occurrence
\$ 100,000	Damage to Rented Property
\$ 10,000	Medical Expense

*\*Hale Building Company, LLC, must be named as an Additional Insured.*

**B. AUTOMOBILE LIABILITY**

(including hired and non-hired) \$1,000,000 Combined Single Limit

**C. WORKER'S COMPENSATION & EMPLOYER'S LIABILITY**

(in state which work is situated)

I. Coverage A (Statutory)	As Required By Law
II. Coverage B	\$500,000 Each Accident
	\$500,000 Disease Limit
	\$500,000 Disease Each Employee

**Worker's Compensation Insurance is required for all subcontractors regardless of number of employees.**

The Subcontractor shall require all Sub-subcontractors to provide the same types of coverage(s) with the same limits.

Name of Person Providing Information: \_\_\_\_\_

Title: \_\_\_\_\_