



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: _____

Tax I.D. Number _____

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 _____

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. _____

Bond Rate _____%

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: _____