

SUBCONTRACTOR PREQUALIFICATION FORM



DOMINION CONSTRUCTION PARTNERS, LLC
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(804) 269-7429 FAX
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REQUIRED CONTACT INFORMATION

COMPANY NAME: _____
PRIMARY BUSINESS CONTACT: _____ TITLE: _____
SHIPPING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____
E-MAIL: _____ WEB ADDRESS: _____
E-MAIL FOR LIEN WAIVER SUBMISSION: _____

PROFILE INFORMATION

TRADES PERFORMED (PLEASE INCLUDE CSI DIVISION NUMBERS): _____

GEOGRAPHIC REGION(S) SERVICED: _____ ATTACHED CERTIFICATE OF INSURANCE

TYPE OF PROJECTS PREFERRED:

- NEW
- ALTERATIONS/REHABILITATIONS/RENOVATIONS
- INTERIOR FIT-UPS
- PUBLIC
- PRIVATE

TYPICAL PROJECT SIZE: _____

ANNUAL VOLUME OF WORK (\$): _____

YEARS IN BUSINESS: _____

NUMBER OF EMPLOYEES: _____

FEDERAL ID#: _____ ATTACHED W-9

CONTRACTOR LICENSE #: _____

BUSINESS LICENSE # _____

LABOR AFFILIATION : UNION NON-UNION PREVAILING WAGE

TYPE AND AMOUNT OF INSURANCE:

- BUSINESS AUTOMOBILE LIABILITY AMOUNT: \$ _____
- WORKER'S COMPENSATION AMOUNT: \$ _____
- COMMERCIAL GENERAL LIABILITY AMOUNT: \$ _____
- COMMERCIAL UMBRELLA LIABILITY AMOUNT: \$ _____
- OTHER: _____ AMOUNT: \$ _____

MANUFACTURER CERTIFICATIONS: _____

TRADE/ASSOCIATION MEMBERSHIPS: _____

MAJOR COMPLETED PROJECTS (WITHIN LAST 5 YEARS) LIST 2:

PROJECT TITLE: _____ LOCATION: _____

TRADE(S) PERFORMED: _____

CONTRACT AMOUNT: _____ DATE COMPLETED: _____

PROJECT OWNER/GC: _____

PROJECT TITLE: _____ LOCATION: _____

TRADE(S) PERFORMED: _____

CONTRACT AMOUNT: _____ DATE COMPLETED: _____

PROJECT OWNER/GC: _____



REFERENCE INFORMATION

GENERAL CONTRACTOR: _____ PROJECT TITLE: _____
POINT OF CONTACT: _____ TITLE: _____
ADDRESS: _____
GENERAL CONTRACTOR PHONE #: _____
GENERAL CONTRACTOR EMAIL ADDRESS: _____
NOTES OR ADDITIONAL INFORMATION: _____

GENERAL CONTRACTOR: _____ PROJECT TITLE: _____
POINT OF CONTACT: _____ TITLE: _____
ADDRESS: _____
GENERAL CONTRACTOR PHONE #: _____
GENERAL CONTRACTOR EMAIL ADDRESS: _____
NOTES OR ADDITIONAL INFORMATION: _____

GENERAL CONTRACTOR: _____ PROJECT TITLE: _____
POINT OF CONTACT: _____ TITLE: _____
ADDRESS: _____
GENERAL CONTRACTOR PHONE #: _____
GENERAL CONTRACTOR EMAIL ADDRESS: _____
NOTES OR ADDITIONAL INFORMATION: _____

AUTHORIZATION

COMPLETED BY: _____ TITLE: _____
(PLEASE PRINT)

SIGNATURE: _____ DATE: _____