

# SUBCONTRACTOR PREQUALIFICATION FORM



DOMINION CONSTRUCTION PARTNERS, LLC  
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(804) 249-2600 OFFICE  
(804) 269-7429 FAX  
[WWW.DCPGC.COM](http://WWW.DCPGC.COM)

## 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:

- |  |                  |
|--|------------------|
| <input type="checkbox"/> BUSINESS AUTOMOBILE LIABILITY | AMOUNT: \$ _____ |
| <input type="checkbox"/> WORKER'S COMPENSATION         | AMOUNT: \$ _____ |
| <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  | AMOUNT: \$ _____ |
| <input type="checkbox"/> COMMERCIAL UMBRELLA LIABILITY | AMOUNT: \$ _____ |
| <input type="checkbox"/> 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: \_\_\_\_\_