



CONSTRUCTION, INC.

Subcontractor Prequalification Form

Please return to Emily Neese (emilyn@brandtconstruction.com)

Company Name: _____

Address: _____

Office Number: _____

Contact Person: _____

Contact Cell Number: _____

Contact Email: _____

Federal ID: _____

Specialty Trade(s) & Division: _____

No. of Office Personnel: _____ No. of Field Personnel: _____

Bank: _____ Type of Account: _____

Dollar Value of Completed Projects:

Smallest: _____ Largest: _____

Liability Insurance Coverage Provider: _____

Agent: _____

If required, are you able to provide a Performance & Payment bond? Yes: No:

In what geographic area(s) do you prefer to work? _____

Have you ever failed to complete a contract/project? Yes: No:

If yes, please attach details.

Is your company a certified MBE: / WBE / IVOSB / DBE ? (check all that apply)

If yes, where is your certification? Indianapolis / Indiana (check all that apply)

Number of years your company has been in business? _____



GENERAL CONTRACTOR CONSTRUCTION MANAGER

330 E. Saint Joseph St., Indianapolis, IN 46202 (317) 638-3300 www.brandtconstruction.com



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Three Primary Suppliers:

1. **Company:** _____
Contact: _____ **Phone:** _____
2. **Company:** _____
Contact: _____ **Phone:** _____
3. **Company:** _____
Contact: _____ **Phone:** _____

Recently Completed Projects:

1. **Project:** _____
Location: _____
GC/Owner: _____
Contact: _____ **Phone:** _____
Contract Amount: _____ **Completion Date:** _____
2. **Project:** _____
Location: _____
GC/Owner: _____
Contact: _____ **Phone:** _____
Contract Amount: _____ **Completion Date:** _____
3. **Project:** _____
Location: _____
GC/Owner: _____
Contact: _____ **Phone:** _____
Contract Amount: _____ **Completion Date:** _____

Person Completing Form:

Name: _____

Title: _____ **Date:** _____



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