



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: _____

Will you bid/perform work requiring the payment of prevailing wage? Yes: No:

If required, are you able to bond this project? Yes: No:

In what geographic area(s) do you prefer to work? _____ mile radius of Indianapolis.

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 Street, 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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