

Subcontractor PreQualification Form



Company Information

Company Name _____ Date _____
 Address _____ Organization Type _____
 City, State, Zip _____ (Corp., Part., Sole Prop., LLC)
 Phone _____ Fax _____ Email _____
 Contact Name _____ Title _____
 Years in Business _____ Type of Work / Trade _____
 Bonding Company _____ Federal Tax ID # _____
 Bond Rate _____ UT Cont. License # _____
 Other State Licenses _____

Insurance Information

Worker's Compensation Carrier _____ Policy is current? Yes / No
 General Liability Carrier _____ Policy is current? Yes / No
 Automobile Carrier _____ Policy is current? Yes / No

Subcontractor must maintain insurance policies for the duration of the project according to the State laws governing the project.

Subcontractor must furnish "Certificates of Insurance" for the project before commencing any work on or off site.

Sahara Inc. and all other parties specified in our standard subcontract are "additional insured" on the GL policy.

Sahara Inc. and all other parties specified in our standard subcontract are included in a "waiver of subrogation" on the WC policy.

Sahara Inc. requires thirty days written notice of cancellation on all insurance policies.

Reference Information

Please list four recent projects beginning with the most recent (fill out completely):

	Project #1	Project #2	Project #3	Project #4
Project Name				
Location				
Completion Date				
G.C. / Owner / Client				
Client Contact Name				
Contact Phone				
Subcontract Amount				
Work Performed				

Please list two bank references and two supplier references (fill out completely):

	Bank #1	Bank #2	Supplier #1	Supplier #2
Company Name				
Contact Name				
Contact Phone				
Contact Fax				

As a representative of the above named company, I authorize Sahara Inc. to contact any or all of these references and request general information regarding our company, it's performance history and it's business practices.

Signed _____ **Title** _____

Please attach additional information regarding other qualifications or clarifications if necessary.

For Sahara use only:

Company Comments _____
 Insurance Comments _____
 Project Comments _____
 References Comments _____
 Other _____

Please submit to Kim Showman by email or fax (kshowman@sahara1.com or 801-298-0964)