

# POINTE GENERAL CONTRACTORS, LLC

1200 PREMIER DR STE 230, CHATTANOOGA TN 37421 423-755-0845 PHONE  
423-267-6693 FAX

## SUBCONTRACTOR QUALIFICATION FORM

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Principal Name \_\_\_\_\_ FED ID or SS # \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

What form of company?  Corporation  Proprietorship  Partnership  LLC

### **Insurance:**

Do you carry liability insurance?  Yes  No Limits \_\_\_\_\_

Do you carry workers compensation?  Yes  No Limits \_\_\_\_\_

**Please Return a Current Copy of Your Insurance Certificate with these Forms with Pointe General Contractors listed as Certificate Holder and Additional Insured.**

### **Bonding:**

Have you bonded work before?  Yes  No

Can you bond this project?  Yes  No

Bonding Company Name \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone \_\_\_\_\_

### **Trade References:**

1. Company _____	2. Company _____
Contact _____	Contact _____
Phone _____	Phone _____

### **Please List the Last Two (2) Projects Completed by Your Company:**

1. Name of Project \_\_\_\_\_ Date of Completion \_\_\_\_\_  
Amount of Contract \_\_\_\_\_ Bonded?  Yes  No  
General Contractor's Name \_\_\_\_\_  
Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Name of Project \_\_\_\_\_ Date of Completion \_\_\_\_\_  
Amount of Contract \_\_\_\_\_ Bonded?  Yes  No  
General Contractor's Name \_\_\_\_\_  
Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

### **Please List Your Current Projects:**

\_\_\_\_\_  
\_\_\_\_\_