



Subcontractor Prequalification Questionnaire

Company Name _____	Divisions of Work/CSI Number(s)
Address _____	1. _____
City _____ State _____ Zip _____	2. _____
Phone No. _____ Fax _____	3. _____

Website _____	License No. _____
Corporation _____ Partnership _____ Sole Proprietorship _____	Union Affiliation _____
Principals _____	No. of Employees _____

Regions of Work	Years in Business	Special Designations/Certifications (i.e., DBE, WBE, EBE, etc.)
Metro Milwaukee _____ Entire State of WI _____	_____	_____
Racine/Kenosha _____ Other _____	_____	_____

Person who should receive Invitation to Bid

Name _____	Title _____	Email Address _____
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Bank Reference

Name _____	Contact Person _____	Phone No. _____
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Bonding Information

Name _____	Contact Person _____	Phone No. _____
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Bonding Capacity \$ _____ **Workers Compensation EMR** _____

Safety Program

Contact Name _____	Phone No. _____
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Insurance Information (Attach copy of Certificate(s). Berghammer's insurance requirements are attached.)

Agent Name _____	Address _____	Phone No. _____
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Project References:

1. _____	_____
Project Name _____	Location _____
Contact Name & Company _____	Date Completed _____
Phone No. _____	Contract Amount \$ _____
2. _____	_____
Project Name _____	Location _____
Contact Name & Company _____	Date Completed _____
Phone No. _____	Contract Amount \$ _____