

CAMPBELL DEVELOPMENT

6751 N. Sunset Blvd, Suite E410, Glendale, AZ 85305 Phone: (623) 434-8500 Fax: (623) 434-9020

Subcontractor Prequalification Form

1. GENERAL INFORMATION

PLEASE SUBMIT TO: ESTIMATING@CAMPBELL-DEVELOPMENT.COM

Company Name: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____ Year Established: _____

Phone: _____ Fax: _____ Email: _____

Federal Tax ID #: _____ D & B #: _____ License #: _____

☐ Construction ☐ Professional Services ☐ Supplier Number of Employees: _____

Indicate the number of staffing for the following levels (optional):

1) Executive: _____ 2) Field Personnel: _____ 3) Project Managers: _____

4) Estimating: _____ 5) Administrative: _____

2. CONTACT INFORMATION

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Estimating Contact: _____ Title: _____

Email: _____ Phone: _____

Field Contact: _____ Title: _____

Email: _____ Phone: _____

Accounting Contact: _____ Title: _____

Email: _____ Phone: _____

3. CERTIFICATION DESIGNATION (Please forward a copy of certification)

☐ Small Business Enterprise ☐ Women-Owned Business Enterprise ☐ Veteran Business Enterprise

☐ Small Disabled Veteran Business Enterprise ☐ Minority Business Enterprise (Choose One):

☐ None

☐ African American ☐ Asian ☐ Pacific Islander

☐ Native American ☐ Indian-Subcontinent ☐ Hispanic

4. CORE COMPETENCY

Main Construction Division:

☐ Demo

☐ Drywall/Carpentry

☐ Window Treatments

☐ Concrete/Masonry

☐ Ceramic Tile/Stone

☐ Sprinklers

☐ Structural Steel

☐ Carpet/VCT

☐ Plumbing

☐ Architectural Woodwork

☐ Paint/Wallcovering

☐ HVAC

☐ Hollow Metal/Hardware

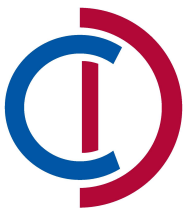
☐ Accessories

☐ Electrical

☐ Metal/Glass

☐ Equipment

☐ Other: _____



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Building Type Experience:

- | | | |
|---|---|---|
| <input type="checkbox"/> High-Rise Office | <input type="checkbox"/> Sports/Entertainment | <input type="checkbox"/> Retail Shopping Outlets |
| <input type="checkbox"/> Mid-Rise Office | <input type="checkbox"/> Industrial Building | <input type="checkbox"/> Scholastic/Academic |
| <input type="checkbox"/> Hotels | <input type="checkbox"/> High-Text/Laboratories | <input type="checkbox"/> Class A Office Buildings |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Correctional Facilities | <input type="checkbox"/> Class B Office Buildings |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Design Build/Design Assist | <input type="checkbox"/> Class C Office Buildings |

List trades you perform within your scope of work/additional information:

5. CAPACITY

Gross Receipts for the last three (3) years:

2016: \$ _____ 2017: \$ _____ 2018: \$ _____

Union Affiliation: ☐ No ☐ Yes

If Yes, Enter Local: _____

Current Insurance Limits: (Please forward a copy of insurance certification)

Insurance Company: _____

Insurance Agent: _____

General Liability: \$ _____ Excess Liability: \$ _____

Current Bonding Limits: ☐ No ☐ Yes

Surety Name: _____

Single Bond Limit: \$ _____ Aggregate Bond Limit: \$ _____

Bank Reference:

Bank Name: _____

Name of Contact: _____

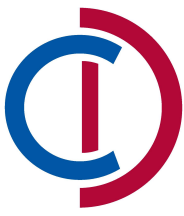
Phone Number: _____ Fax Number: _____

Supplier Reference:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____ Acct. Number: _____



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7. CONTRACT REFERENCES: Please list your last 3 projects

Year	Project Name/Location	Project Owner/Agency	Type of Work	Contract Amount	Contact Name & Phone Number

Notes:

Name of Preparer: _____ **Date:** _____

Preparer named above certifies that all listed information is true and correct, and i hereby authorize; Campbell Development, to verify the accuracy of the provided information with the listed references.