



CORNERSTONE
CONSTRUCTION GROUP, INC.

SUBCONTRACTOR QUALIFICATION

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact: _____

E-mail address: _____ Cell # _____

Union: _____ Non-Union _____ License # _____ Tax I.D. _____

Company Trade: _____ Years in Business _____

General Contractor References:

Name:	Address:	Phone:	Contact:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Completed Projects:

Project:	Address, Phone & Contact	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Sales volume of firm \$ _____

Has your firm ever failed to complete a project in the past five (5) years? If so, explain:

Has your firm ever filed a lien within the past two (2) years? If so, explain:

Bonding capacity? \$ _____

Bonding capacity available today? \$ _____

Bank Reference:

Bank Name & Address: _____

Contact Name & Phone: _____

Account Number & Type: _____

Cornerstone Construction Group, Inc. requires its subcontractors to carry General Liability and auto insurance; with limits of no less than \$1,000,000.00 combined single limit for bodily injury and property damage and that Cornerstone is named as additional insured. Cornerstone also requires Workman Compensation insurance for any and all projects.

Insurance Company - (Attach Certificate) Experience Modification Rate _____

Agent Name & Address: _____

Contact Name: _____ Phone: _____

Liability Carrier: _____ Policy #: _____ Exp. Date: _____

Excess Carrier: _____ Policy #: _____ Exp. Date: _____

Auto Carrier: _____ Policy #: _____ Exp. Date: _____

Workers Comp: _____ Policy#: _____ Exp. Date: _____

Signed: _____

Title: _____ Date: _____