



Albion Scaccia Enterprises, LLC  
8601 Dunwoody Place  
Building 300, Suite 330  
Sandy Springs, GA 30350  
Tel: 678.325.5900  
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## ***Subcontractor / Vendor Pre-Qualification Form***

Name of Company: \_\_\_\_\_

Main Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Type of Work / Services: \_\_\_\_\_

Organization Type / Tax Entity: \_\_\_\_\_  
(sole proprietor, partnership, incorporation, etc)

Company Representative / Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone / Mobile: (\_\_\_\_\_)\_\_\_\_\_/ (\_\_\_\_)\_\_\_\_\_

Secondary Company Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone / Mobile: (\_\_\_\_)\_\_\_\_\_/ (\_\_\_\_)\_\_\_\_\_

Accounts Payable / Receivable Contact: \_\_\_\_\_

Phone / Mobile: (\_\_\_\_\_)\_\_\_\_\_/ (\_\_\_\_)\_\_\_\_\_

Names and titles of all responsible parties affiliated with your company:

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List other / previous company names: \_\_\_\_\_

Years in business under other company names: \_\_\_\_\_

Previous company tax identification number: \_\_\_\_\_

List all business licenses held by your company: (attach copy) \_\_\_\_\_

List all contracting licenses held by company: (attach copy) \_\_\_\_\_

Years in business under existing name: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Number of office employees / personnel: \_\_\_\_\_

Number of field employees / personnel: \_\_\_\_\_

Annual volume of business in dollars for the last year: \_\_\_\_\_

Annual volume of business in dollars for the last three years: \_\_\_\_\_

Annual volume of business in dollars for the last five years: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Contact / Phone Number: \_\_\_\_\_

Types and amount of insurance coverage: \_\_\_\_\_

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Please provide a copy of your Certificate of Insurance Coverage with this completed document.

Worker's Compensation Insur. Co. / Phone No. / Contact: \_\_\_\_\_

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Does your company have an organized safety program meeting OSHA standards? \_\_\_\_\_

Has your company been cited by OSHA or another regulating agency for safety violations? If yes, please explain. \_\_\_\_\_

Bank Affiliation: \_\_\_\_\_ No. of Years \_\_\_\_\_

Bank Contact / Phone Number: \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

Name of Bonding Company? \_\_\_\_\_

Bonding Co. Contact / Phone Number: \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_

Can you provide a labor and material bond and performance bond? \_\_\_\_

What are your bonding limits? \_\_\_\_\_

Please attach a list of professional references, (material suppliers, etc.).

By signing and returning this document, signer warrants that all of the above information is correct and accurate to the best of his / her knowledge and that said individual has the authority to release the above information to Albion Scaccia Enterprises, LLC. In addition, signer and company give permission for Albion Scaccia Enterprises, LLC to perform a credit check and verify any of the above information and contact any of the above entities for verification and accuracy of the information supplied.

\_\_\_\_\_  
print name / title

\_\_\_\_\_  
signature / date