



Subcontractor Prequalification Form

1. GENERAL INFORMATION

Company Name: _____ Year Established: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company Email: _____

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

W-9 On File? ☐ Yes ☐ No (Please attach a copy of your W-9 form with this submission)

1.1 Type of Firm (select all that apply)

☐ General Contractor ☐ Subcontractor ☐ Professional Services ☐ Supplier

1.2 Number of Staff by Level

Executive: _____ Field Personnel: _____

Project Managers: _____

Estimating: _____ Administrative: _____

2. CONTACT INFORMATION

	Primary Contact	Estimating Contact	Accounting Contact
Name			
Title			
Email			
Phone			

3. CERTIFICATION DESIGNATION

Please attach a copy of any applicable certification with this form.

☐ Small Business Enterprise (SBE) ☐ Women-Owned Business Enterprise (WBE) ☐ Minority Business Enterprise (MBE)

☐ Small Disabled Veteran / Veteran Business Enterprise (VBE) ☐ Disadvantaged Business Enterprise (DBE) ☐ Other

Other Certification Please Specify: _____

4. STATE LICENSES

List all states in which your firm is currently licensed.

State	License #	License Description

5. SAFETY

5.1 Has your firm been cited by OSHA or the EPA in the last three (3) years? ☐ Yes ☐ No

If Yes, please explain: _____

5.2 Interstate Experience Modification Rate (IEMR) — Last Three Years

Year 1 (20__)	Year 2 (20__)	Year 3 (20__)
EMR Rate	EMR Rate	EMR Rate

Provide written explanation for any EMR rating over 1.0: _____

5.3 Does your company hold Safety Meetings or Toolbox Talks? ☐ Yes ☐ No

If Yes, who conducts them and how often?: _____

5.4 Does your company have a Health and Safety training program? ☐ Yes ☐ No

If Yes, who conducts training?: _____

5.5 Does your company employ a dedicated Safety and Health professional on each project site? ☐ Yes ☐ No

6. CORE COMPETENCY

6.1 Scopes of work your company is willing and able to perform

6.2 Percentage (%) of work normally subcontracted: _____

6.3 Trades self-performed with own workforce: _____

6.4 Type of Labor *(check all that apply)*

☐ Union ☐ Prevailing Wage ☐ Non-Union / Open Shop ☐ PLA

6.5 Unions your company is currently affiliated with or signatory to: _____

7. CAPACITY & FINANCIAL STATUS

7.1 Gross Receipts / Annual Revenue (last 3 years)

Year 1 (20__)	Year 2 (20__)	Year 3 (20__)
Year:	Year:	Year:
Revenue (\$):	Revenue (\$):	Revenue (\$):

7.2 Current Backlog (Active contracts not yet completed)

Total Backlog Value (\$): _____ Number of Active Projects: _____

7.3 Commercial Bank Credit References

Bank / Institution	Active Line of Credit (\$)	Account Contact & Phone

7.4 Additional Bonding Exposures

Surety Name: _____ Bonding Agent Name / Phone: _____

Single Project Bond Limit (\$): _____ Aggregate Bonding Capacity (\$): _____

Average Contract Value (\$): _____ Highest Contract Value (\$): _____

7.5 Current Insurance Limits *(Please attach a copy of insurance certification)*

Insurance Company: _____ Insurance Agent: _____

General Liability (\$): _____ Excess Liability (\$): _____

Professional Liability (\$): _____ Workers Compensation (\$): _____

TOTAL Liability (\$): _____

7.6 Audited Financial Statements (Submit copy of most recent audited financial statements with this form.)

☐ Attached ☐ Will provide upon request ☐ Not available

8. RISK TRANSFER ACKNOWLEDGMENT

The subcontractor acknowledges and agrees that any contract entered with Tameer, Inc. will include provisions that transfer all project-related risks, liabilities, and obligations to the subcontractor, to the extent permitted by applicable law. This includes but is not limited to risk of loss, damage, delay, safety compliance, and third-party claims arising from the subcontractor's scope of work. By signing this form, the subcontractor confirms their understanding and acceptance of this condition.

☐ I acknowledge and accept the above Risk Transfer condition

9. CONTRACT REFERENCES

9.1 Please list your last 3 complete projects

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

9.2 Largest Project Ever Completed

Project Name	Scope of Work	Contract Value (\$)	Year Completed

10. CONTRACT HISTORY, LEGAL STANDING & OWNERSHIP

10.1 Has your firm or any organization with which its officers were involved ever failed to complete a contract or been terminated for cause? ☐ Yes ☐ No

If Yes, explain in detail: _____

10.2 Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your firm or its officers? ☐ Yes ☐ No

If Yes, explain: _____

10.3 Has your firm filed any lawsuits or requested arbitration or mediation regarding construction contracts within the last three (3) years? ☐ Yes ☐ No

If Yes, explain: _____

10.4 Does your firm have any pending judgements, claims, or suits? ☐ Yes ☐ No

If Yes, explain: _____

11. REQUIRED DOCUMENTS CHECKLIST

- ☐ Certificate of Insurance (current version, copy on record attached)
- ☐ Bond Letter from Surety Company (confirming operational capacity requirements)
- ☐ W-9 Form (completed and signed)
- ☐ Federal Tax ID Verification document
- ☐ Copy of all MWBE / DBE / SBE / VBE Certifications held by firm
- ☐ Audited Financial Statements (most recent fiscal year)
- ☐ State License copies for all registered operational states (Section 4)

Attach Supporting Documents: _____

12. CORPORATE DECLARATION & SIGNATORY AFFIRMATION

I, the undersigned, affirm that I have answered all questions in this Prequalification Form completely and truthfully. I understand that the consideration of my company as a potential subcontractor by Tameer, Inc. may ultimately depend upon the submission of accurate and acceptable information in this form.

Date: _____ Full Legal Company Name: _____

Authorized Signature: _____ Print Name: _____

FOR TAMEER OFFICE USE ONLY

Reviewed By: _____ Date: _____

Title: _____

Notes: _____

Bilal Farooq - President: _____ Usman Randhawa - Vice President: _____