

## SUBCONTRACTOR PRE-QUALIFICATION FORM

### Welcome Subcontractors!

Thank you for your interest in working with Innovative Construction, Inc.

Innovative Construction, Inc. is a general contractor offering over 30 years of experience. Our main office is located in Tiverton, Rhode Island, our residential division focuses in the north east, and our commercial division reaches all across the USA. We come highly recommended by our clients and work diligently to deliver on our commitments to quality, experience and integrity.

These commitments extend to a vast subcontractor and vendor base, building strong relationships that drive our vision for our clients. Our subcontractors and vendors are not only committed to quality, but also building overall teamwork. They are competitive, best-value pricing, and have the ability to deliver a project to our clients on schedule and within budget.

In order to become a qualified subcontractor with Innovative Construction, Inc. all interested subcontractors are required to complete this questionnaire. The contents of this questionnaire are confidential and used solely to determine your firm's qualifications. Please direct and questions and return this completed form to <a href="mailto:Bidding@IClofAmerica.com">Bidding@IClofAmerica.com</a>.

The items listed below should be returned and supplemental information should be attached to the submitted package for consideration. Should you choose to not return all documents, this may limit your ability to bid on projects for Innovative Construction, Inc.

Construction, Inc.	 . ,	, . <b>,</b>	
Thank you and we look forward in hearing back from you.			

Innovative Construction, Inc.

Sincerely.

### SUBCONTRACTOR PRE-QUALIFICATION CHECKLIST

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Complete the follow	ving checklist of items and email completed package(s) to <a href="mailto:Bidding@IClofAmerica.com">Bidding@IClofAmerica.com</a> for processing.
	Complete Subcontractor Pre-qualification form
	Complete W-9 form Click HERE for the form.
	Attach a copy of your company's Business License(s)
	Attach a copy of all State Contractor's License(s)
	Attach a copy of your Certificate of Insurance

If Sole Proprietorship company, then a DWC-11-1C will need to be completed Click HERE for the form.



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Fill in the below information for your general company, this information below should reflect same on our W-9. Attach a completed W-9 form with this information, the W-9 will be sent to our accounting team for setting up the firm in our system if qualified. All subcontractors will be required to have a W-9 on file in order to be under contract and/or to receive any payments.

COMPANY INFORMA	ATION					
Business Name (Legal)						
DBA						
Street Address						
City, State, Zip Code						
Office Phone						
Fax						
Website						
Federal Tax ID or SS#	Expiration Date					
License Number	Expiration Date					
If	more than (1) one license, please	e include all				
Company Type	C Corp S Corp Par	rtnership [	Individual	LLC	Sole Proprietorship	
Project Work Type	Residential Commercia	I				
List of Service Area(s)						
BILLING INFORMATION	ON					
Street Address						
City, State, Zip Code						
Office Phone						
CONTACT INFORMATION						
Primary Contact Name						
Primary Contact Email						
Primary Contact Phone						
Secondary Contact Name						
Secondary Contact Email						
Secondary Contact Phone						
CONADANIV DETAILS						
COMPANY DETAILS						
Are you a union shop or sign	_	YES	NO			
Do you perform Federal wor		YES	NO			
Are you eligible for Federal la		YES	NO			
Are you willing to do a preva	iling wage project?	YES	NO			
Years in Business? Years with the same license number?						
If less than (5) five, indicate f	former License number and Classi	ification				
What, if any, are your contra	ct limitations (\$)					
BUSINESS CLASSIFICATION		CERTIFICA	TION # (If appl	icable)		
SBA Certified 8a						
MWBE Minority/Wome	en-owned Business Enterprises	-				
☐ <b>DBE</b> Disadvantaged Busi	ness Enterprise					
HUBZone						



# SUBCONTRACTOR PRE-QUALIFICATION FORM

#### TYPE OF WORK Select as many Divisions are required to explain your company's expertise. DIVISION 02 DEMO Details: DIVISION 03 CONCRETE Details: DIVISION 04 **MASONRY** Details: **DIVISION 05 METALS** Details: DIVISION 06 **WOODS & PLASTICS** Details: **DIVISION 07** THERMAL & MOSITURE Details: DIVISION 08 **DOORS & WINDOWS** Details: **DIVISION 09 FINISHES** Details: DIVISION 10 **SPECIALTIES** Details: DIVISION 11 **EQUIPMENT** Details: DIVISION 12 **FURNISHINGS** Details: **DIVISION 13** SPECIAL CONSTRUCTION Details: DIVISION 14 **CONVEYING** Details: DIVISION 21 FIRE SUPPRESSION Details: DIVISION 22 **PLUMBING** Details: **DIVISION 23** MECHANICAL Details: **DIVISION 25** INTEGRATED AUTOMATION Details: **DIVISION 26 ELECTRICAL** Details: **DIVISION 27 COMMUNICATIONS** Details: **DIVISION 28 SAFETY & SECURITY** Details: DIVISION 31 **EARTHWORK** Details: DIVISION 32 **EXTERIOR IMPROVEMENTS** Details: DIVISION 33 UTILITIES Details: LABOR RATES **PRINCIPAL** HR ADDITIONAL: **PROJECT MANAGER FIELD LABOR** HR HR **ADMINSTRATIVE** PER UNIT COST UNIT **DESCRIPTION** RATE