



# SUBCONTRACTOR INTAKE FORM

**\*Required Fields**

Click the blue Submit button to launch an email window. The Submit button will launch a draft email to [verdexprequal@verdex.com](mailto:verdexprequal@verdex.com) with this intake form attached. Attach the required documents to the draft email. Send the email.

If an email window does not launch after clicking the blue Submit button, please email this form and the required documents to [VerdexPrequal@Verdex.com](mailto:VerdexPrequal@Verdex.com).

## 1. SUBCONTRACTOR IDENTITY

\*Legal Company Name: \_\_\_\_\_

\*DBA (fill in "none" if none): \_\_\_\_\_

\*Address: \_\_\_\_\_

Website: \_\_\_\_\_ \*Business Phone Number: \_\_\_\_\_

\*CSI Codes for areas of expertise: \_\_\_\_\_

\*Qualifier/Title: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

\*Estimating Contact: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact/Title: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

\*FEIN/Tax ID: \_\_\_\_\_

Type of Company:	Individual/Sole Proprietorship	Single-member LLC	C Corporation	S Corporation
	Partnership	Trust/estate	Limited Liability Company	

Date Company Formed & State: \_\_\_\_\_ Total Number of Payrolled Employees: \_\_\_\_\_

Has the company operated under any other name in the past five years?    Yes    No

If yes, give name(s): \_\_\_\_\_

Does the company have offices, plants, or warehouses at other locations?    Yes    No

If yes, give location(s): \_\_\_\_\_

## 2. MBE /WBE /SBE CERTIFICATION

Indicate if the company is certified as any of the following: *(If yes, provide copy of certification.)*

Minority Business Enterprise (MBE):    Yes    No

Women Business Enterprise (WBE):    Yes    No

Small Business Enterprise (SBE):    Yes    No

Other: \_\_\_\_\_

## 3. FINANCIAL INFORMATION

Does the company have a line of credit from any lending institution?    Yes    No

\*Does the company have the ability to bond projects?    Yes    No

\*Name of Surety and Agent (write "none" if none): \_\_\_\_\_

\*Current amount being bonded (write "none" if none): \_\_\_\_\_

\*Bond Rate (write "none" if none): \_\_\_\_\_



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## 4. REFERENCES

### \*Previous Projects:

Name of Project	Scope of Work	Contract Amount	General Contractor	Completion Date

### \*General Contractor References:

Company Name	Contact Person	Phone Number

The undersigned officer, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

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

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Please be sure to include the following required documents:

- Completed Intake form
- W-9
- Current Florida Business License (business must be licensed in Florida to complete intake)
- MBE /WBE /SBE certification (if applicable)