



Subcontractor/Vendor Qualification Form

In keeping with our commitment to providing the best quality commercial construction services, Hopewell Development strives to work with only the most qualified and dedicated Subcontractors.

If you are seeking to become an approved Subcontractor, please complete the form and submit it through our website.

We will reach out to successful candidates.

General Information

Company Name (Full Legal Name).	
Name of Representative.	
Title of Representative.	
Representative Email.	Representative Phone Number.
Company Address.	
Address Line 2.	
City	State/ Province/ Region
Zip/ Postal Code.	Country.
Phone.	Fax.
Email.	Website.

Type of Construction Services

<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Infrastructure. <input type="checkbox"/> Maintenance <input type="checkbox"/> Property Management
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Mailing address (If different from above)

Mailing address.	
Address Line 2.	
City.	State/ Province/ Region.
Zip/ Postal Code.	Country.

References

Previous Job References

Trades Bidding

We are able to bid on the following trades.

Additional Company Information

Federal Tax #.	
Business License #.	Exp.

Union Status

Union Contractor. <input type="checkbox"/> Yes. <input type="checkbox"/> No.
Union Name and Local.
Is Your Company. <input type="checkbox"/> Union <input type="checkbox"/> Open Shop <input type="checkbox"/> Both
List the labor organizations with which your company is a signatory, if any.

Organization Details

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Other

List Business Owners / Key Officers

Name.		Position.
Yrs. In Position.	Direct Contact #.	Email.

Name.		Position.
Yrs. In Position.	Direct Contact #.	Email.

Name.		Position.
Yrs. In Position.	Direct Contact #.	Email.

Name.		Position.
Yrs. In Position.	Direct Contact #.	Email.

Name.		Position.
Yrs. In Position.	Direct Contact #.	Email.

Many Years Has Your Firm Been In Business.	Manpower Carried Within the Company
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Does your Firm Operate Under Any Other Name, Or Is your Firm Part of Any Affiliated Companies	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

If Your Company Has Multiply Trades, Please List the Estimators/ Trade

Company Name.	Service Provided.
Contact Name.	Contact Email.
Direct Phone #.	Mobile Phone #.

Company Name.	Service Provided.
Contact Name.	Contact Email.
Direct Phone #.	Mobile Phone #.

Company Name.	Service Provided.
Contact Name.	Contact Email.
Direct Phone #.	Mobile Phone #.

Company Name.	Service Provided.
Contact Name.	Contact Email.
Direct Phone #.	Mobile Phone #.

Company Name.	Service Provided.
Contact Name.	Contact Email.
Direct Phone #.	Mobile Phone #.

Safety Program

Current Safety Program. <input type="checkbox"/> YES. <input type="checkbox"/> NO	COR Certified <input type="checkbox"/> YES <input type="checkbox"/> NO
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WCB

WCB Clearance letter. <input type="checkbox"/> YES <input type="checkbox"/> NO
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Insurance

General Insurance -\$ 2,000,000 <input type="checkbox"/> YES <input type="checkbox"/> NO	Liability Insurance -\$ 5,000,000 <input type="checkbox"/> YES <input type="checkbox"/> NO
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