

16228 Huffmeister Rd., Cypress, Texas 77429

Phone: (713) 856-9977 Fax: (713) 856-7008

${\bf SubContractor\, Pre-Qualification\, Form}$

1.	Business Profile:	
	Company Name: _	
	Mailing Address:	
	Street Address:	
	City, State, Zip:	
	Telephone No.	
	Fax No.	
	Contact Name:	
	Email Address:	
	Type of work performe	d:
	Years in business under	current name:
	Contractor License No.	State:
2.	Business Organization: O	Corporation Partnership Sole Proprietor
3.	State and Date Organized: _	
4.	Federal ID Number:	
5.	Name & Title of Officers, a	
	<u>Name</u>	<u>Title</u>
6.	If a Subsidiary of another co	ompany, list parent company name & address:

MOMENTUM GENERAL CONTRACTORS

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7. List States & work categorous business:	ories in which your organization is legally authorized to
8. Bonding capacity: Surety Company: Agent Company:	Single Project:\$, Aggregate: \$
9. Insurance: Submit a cop limits. Insurance Agent: Contact Name: Phone Number:	y of your Standard Insurance Certificate showing coverage &
Reference # 1	es (General Contractors) for whom your firm has worked:
Company Name: Address: Contact Name: Phone:	
Reference # 2 Company Name: Address: Contact Name:	
Phone: Reference # 3 Company Name:	
Address: Contact Name: Phone:	

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11. List three (3) projects completed by your firm within the past 2 years: Project #1 Name: Location (City/State): Contracting Agency: Contact Name: Phone: Contract Amount: Date Completed: Project #2 Name: Location (City/State): Contracting Agency: Contact Name: Phone: Contract Amount: Date Completed: Project #3 Name: Location (City/State): Contracting Agency: Contact Name: Phone: Contract Amount: Date Completed: 12. Has your firm: Failed to complete a contract? No Yes Been involved in a bankruptcy or reorganization? No Yes Pending judgment or suits against firm? No 🗆 Yes [(If answer to any of the above is yes, please submit details on a separate sheet). Information Furnished By: Name: Title: Company: Date:

Email completed form to our Contract Coordinator at Kim@momentumcontractors.com