



**Centennial**  
contractors enterprises, inc.

## Subcontractor Qualification Form

Please complete the following to the best of your ability. We realize that the information requested may not apply to every subcontractor. If you are a supplier, rather than listing previous experiences on past projects, please provide recent data on projects for which you have supplied material.

### COMPANY INFORMATION

Company Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website address: \_\_\_\_\_

NAICS: \_\_\_\_\_

Business Status: (Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Large Business (LB)                                    | <input type="checkbox"/> Small Business (SB)  |
| <input type="checkbox"/> Small Disadvantaged Business (SDB)                     | <input type="checkbox"/> Woman-Owned Small Business (WOSB)  |
| <input type="checkbox"/> Minority Business Enterprise (MBE)                     | <input type="checkbox"/> Veteran-Owned Small Business (VOSB)  |
| <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SDVOSB) | <input type="checkbox"/> Historically Black College or University/Minority Institution/Tribal Universities (HBCU/MI/TU) |

Number of Employees: \_\_\_\_\_ Number of Years in Business \_\_\_\_\_ Annual Volume: \$ \_\_\_\_\_

Please indicate if your firm is registered with any of the following Small Business Administration (SBA) programs:

- |  |   |
|--|---|
| <input type="checkbox"/> HUBZone Certification                                   | <input type="checkbox"/> Certified Small Disadvantaged Business (SDB) Program |
| <input type="checkbox"/> 8(a) Certification Program - 8(a) Certification # _____ |   |

Is your firm bondable?  Yes  No Bonding Limit: \$ \_\_\_\_\_

Name of Surety: \_\_\_\_\_

Does your firm have a Substance Abuse Program?  Yes  No

Does your firm have a Safety Program?  Yes  No

What is your current EMR (Experience Modification Rating)? \_\_\_\_\_  
(Multiplier used in Workers Compensation premium calculations to recognize accident experience)

