

TRADE PARTNER PRE-QUALIFICATION FORM

Thank you for your interest in becoming a trusted partner with Agate Construction.

We pride ourselves on our relationships built on our approach to a **"Certainty of a Successful Outcome"** and the foundation of our company's core values: **Honor, Determination, Pride, Discipline**, and **Simply doing things the right way...**

We look forward to hearing from you. Please return this completed form and attach the required documents* to estimating@agateconstructioninc.com

ORGANIZATION INFORMATION

Discipline/ Scope of Work						
Company Name:						
Contractor License Number:				Website:		
Physical Address:						
City:			State:		Zip:	
Phone:				Fax:		
Mailing Address:						
City:			State:		Zip:	
Phone:				Fax:		
Accounting Contact Name:						
Email:				Office Phone:		
Cell:				Fax:		
Estimating Contact Name:						
Email:				Office Phone:		
Cell:				Fax:		

PROJECT REFERENCES

Reference #1					Contact Phone:	
Company Name				Contact Email:		
Reference #2					Contact Phone:	
Company Name				Contact Email:		
Reference #3					Contact Phone:	
Company Name				Contact Email:		

MINIMUM INSURANCE REQUIREMENTS

Commercial General Liability General Aggregate - \$2,000,000	Automobile Liability: \$1,000,000	Workers Compensation: \$1,000,000	Umbrella Liability: \$1,000,000
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HAVE THE REQUIRED DOCUMENTS BEEN ATTACHED?

Yes <input type="checkbox"/> No <input type="checkbox"/> Current W9	Yes <input type="checkbox"/> No <input type="checkbox"/> Proof of Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/> Company Safety Program	Yes <input type="checkbox"/> No <input type="checkbox"/> OSHA 300 Logs Attached
Yes <input type="checkbox"/> No <input type="checkbox"/> Three (3) prior-year EMR Rating Reports			