



## SUBCONTRACTOR PREQUALIFICATION FORM

**Instructions:** Once the editable PDF is filled out, please upload to submit at <https://www.norconinc.com/partners>.  
Or return via email to [info@norconinc.com](mailto:info@norconinc.com) or mail to Norcon, Inc. 661 W. Ohio Street, Chicago, IL 60654,  
Attention: Prequalification. Feel free to attach any company literature or brochures to this form.

Date

Company Name

Address

City	State	Zip Code
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Email	Phone	Website:
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Main Contact Name and Title

Year business was established

**Ownership Type(Check ALL that Apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Minority Owned Business Enterprise | <input type="checkbox"/> S Corporation             |
| <input type="checkbox"/> Women Owned Business Enterprise    | <input type="checkbox"/> C Corporation             |
| <input type="checkbox"/> Disadvantaged Business Enterprise  | <input type="checkbox"/> Limited Partnership       |
| <input type="checkbox"/> Sole Proprietorship                | <input type="checkbox"/> Limited Liability Company |

FEIN Number:

**Business Type**

What trade work does your company perform?

Geographic Area in which you perform work:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Chicago     | <input type="checkbox"/> Cook County    | <input type="checkbox"/> DuPage County |
| <input type="checkbox"/> Lake County | <input type="checkbox"/> McHenry County | <input type="checkbox"/> _____         |

Total Number of Employees	Office	Field
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Are you directly or indirectly signatory to any labor union agreements: ☐ Yes ☐ No

If Yes, which unions:

Are you licensed with the City of Chicago?	If yes, please list Contractor number
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**Bid / Estimate / Budget Contacts**

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Norcon's Invitations to Bid are currently sent out using the website Building Connected at [www.buildingconnected.com](http://www.buildingconnected.com). If you aren't already enrolled in this free website, please make sure that your contacts below are enrolled and that contact information is current within the program.

**Please list contact information for at least 2 contacts within your firm that should receive invitations to bid / budget.**

Name	Title	Phone	Email

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**Financial**

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Please provide the current bonding capacity authorized by surety

Single Job Limit:

Aggregate Limit

Bonding Company:

Firm's business volume for the last year:

Dun & Bradstreet Number:

***Please be prepared to send your company's financial information upon request.***

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**Insurance**

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Please review Norcon's minimum insurance requirements attached. Does your company currently maintain insurance that meets Norcon's minimum insurance requirements.

☐

Yes

☐

No

Please provide your company's current Umbrella insurance amount:

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**Safety**

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Safety Manager Contact Name and Title:

Please list your current Experience Modification Rate(EMR):

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## Experience

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Please check all markets that your company has experience in:

☐ Educational

☐ High-End Residential

☐ Hospitality

☐ Religious

☐ Retail

☐ Other: \_\_\_\_\_

☐ Healthcare

☐ Commercial

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Please list 3 sample projects below.

Project Name	Project Type	Contract Value	General Contractor

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## References

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Please list contact information for three owners, general contractors or construction managers for whom the company has worked in the past two (years) below:

Company	Contact	Phone	Email

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