



**Subcontractor  
Prequalification  
Application**

Associated Drywall Partners  
2920 N. Arlington Ave. Ste. A  
Indianapolis, IN 46218  
An Equal Opportunity  
Employer



**Fax the completed questionnaire to (317) 546-5528**

All subcontractors are required to supply the following information to assist us in evaluating your firm's qualification as an approved subcontractor for Associated Drywall Partners. The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualification.

**General Information**

**PLEASE NOTE : QUESTIONNAIRES MUST BE FILLED OUT COMPLETELY, MISSING INFORMATION MAY RESULT IN DISQUALIFICATION FOR CONSIDERATION**

Name of Business \_\_\_\_\_

Owners Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Organization Information**

Organization Type

Sole Proprietorship Partnership Limited Liability Company Corporation

If a Partnership, LLC or Corp what state was the company organized in? \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Is your firm owned or controlled by any other organization/s? \_\_\_\_\_

Number of Employees \_\_\_\_\_

**Information About Your Work**

What type of work does your company perform?

Metal Framing --- Years of Experience with Metal Framing \_\_\_\_\_

Hanging Drywall --- Years of Experience Hanging \_\_\_\_\_

Finishing Drywall --- Years of Experience Finishing \_\_\_\_\_

Painting --- Years of Experience Painting \_\_\_\_\_

Scrapping --- Years of Experience Scrapping \_\_\_\_\_

Repairs --- Years of Experience with Repairs \_\_\_\_\_

Number of People on a Crew \_\_\_\_\_

Number of Crews \_\_\_\_\_

Please List at Least 3 Jobs You Have Completed in the Last 2 Years

Project Name Location Completion Date Gen Contractor Contact Name & Phone

Are there any judgments, claims, arbitrations, proceedings or suits pending/outstanding against your company or its officers or principals?

( ) Yes ( ) No

If yes please explain \_\_\_\_\_  
\_\_\_\_\_

Has your company filed any liens, lawsuits or requested arbitration or mediation with regard to work performed?

( ) Yes ( ) No

If yes please explain \_\_\_\_\_  
\_\_\_\_\_

**Safety**

Do you have a safety program?

\_\_\_\_\_

Please obtain your Workers Comp EMR (Experience Modification Ratings) from your Workers Comp carrier for the past three years.

Last year \_\_\_\_\_ Year before last \_\_\_\_\_ 3 years ago \_\_\_\_\_

**Insurance**

Do you currently carry or can you obtain the following insurance coverage?

Workers Compensation Yes No

What state/s do you have Workers Comp coverage in? \_\_\_\_\_

General Liability \$1,000,000 Yes No

Insurance Company:

Insurance Agent's Name:

Insurance Agent's Address:

Insurance Agent's Phone Number:

This questionnaire was completed by:

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_