FIRST UNDERWRITERS®
INSURANCE BROKERS

SUBCONTRACTOR PREQUALIFICATION FORM

Insurance Verification & Compliance Checklist

1. GENERAL CONTRACTOR / HIRING COMPANY INFORMATION

Company Name: _____ Date: _____

Project Name: _____

Project Address: _____

2. SUBCONTRACTOR COMPANY INFORMATION

Legal Company Name: _____

DBA (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Primary Contact: _____ Title: _____

Email: _____ Cell Phone: _____

Federal Tax ID (EIN): _____ DUNS #: _____

3. BUSINESS INFORMATION

Year Established: _____ Years in Current Trade: _____

Business Type:

[ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietor [ ] Joint Venture

State of Incorporation: _____ License #: _____

License Expiration: _____ License Classification: _____

# of Full-Time Employees: _____ # of Field Employees: _____

4. INSURANCE VERIFICATION CHECKLIST

Attach Certificate of Insurance (COI) with the hiring company listed as Additional Insured

Coverage Type	Required	Verified	Policy Number	Expiration	Limits
General Liability	[ ]	[ ]	_____	_____	$_____
Workers' Compensation	[ ]	[ ]	_____	_____	Statutory
Employers' Liability	[ ]	[ ]	_____	_____	$_____
Commercial Auto	[ ]	[ ]	_____	_____	$_____
Umbrella/Excess	[ ]	[ ]	_____	_____	$_____

Professional Liability	[ ]	[ ]	_____	_____	$_____
Pollution Liability	[ ]	[ ]	_____	_____	$_____

Additional Insurance Verification:

[ ] Additional Insured Endorsement attached

[ ] Waiver of Subrogation included

[ ] Primary & Non-Contributory wording

[ ] 30-Day Cancellation Notice

[ ] Per Project Aggregate (if required)

[ ] COI matches company name exactly

Insurance Agent/Broker: _____ Phone: _____

5. SAFETY RECORD & EXPERIENCE MODIFICATION RATE (EMR)

Year	EMR	Recordable Incidents	Lost Time Incidents	Fatalities
Current	_____	_____	_____	_____
Prior Year	_____	_____	_____	_____
2 Years Prior	_____	_____	_____	_____

[ ] Written Safety Program

[ ] OSHA 300 Log Available

[ ] Drug Testing Program

[ ] Toolbox Talks Conducted

[ ] Safety Training Documented

[ ] OSHA Citations (attach if any)

6. TRADE CLASSIFICATION & SERVICES PROVIDED

[ ] General Construction

[ ] Electrical

[ ] Plumbing

[ ] HVAC

[ ] Roofing

[ ] Concrete/Masonry

[ ] Steel/Iron Work

[ ] Framing

[ ] Drywall/Painting

[ ] Flooring

[ ] Landscaping

[ ] Excavation

[ ] Fire Protection

[ ] Demolition

[ ] Insulation

[ ] Other: _____

7. PROJECT REFERENCES (3 Similar Projects in Last 3 Years)

Reference 1:

Project Name: _____ Value: $ _____

GC/Owner: _____ Contact: _____

Phone: _____ Completion Date: _____

Reference 2:

Project Name: _____ Value: $ _____

GC/Owner: _____ Contact: _____

Phone: _____ Completion Date: _____

Reference 3:

Project Name: _____ Value: $ _____

GC/Owner: _____ Contact: _____

Phone: _____ Completion Date: _____

8. COMPLIANCE ACKNOWLEDGMENT

[ ] All information provided is true and accurate to the best of my knowledge

[ ] We agree to maintain insurance coverage as required throughout the project duration

[ ] We will provide updated COIs upon policy renewal or as requested

[ ] We agree to comply with all federal, state, and local regulations including OSHA standards

[ ] We agree to notify the hiring company immediately of any policy cancellation or material change

[ ] All employees are legally authorized to work in the United States

9. AUTHORIZATION & SIGNATURES

Subcontractor Authorization:

Authorized Representative: _____ Title: _____

Signature: _____ Date: _____

For Office Use Only - Verification Completed By:

Reviewed By: _____ Date: _____

[ ] Approved [ ] Conditionally Approved [ ] Not Approved

Notes: _____