



SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Date: _____

Unique Constructors, LLC strives to build and maintain long term relationships with our clients based upon integrity and providing value through the project. We believe the subcontractors we select should provide the same quality service for their specialized area of work. In order to ensure these high standards, we ask each subcontractor to voluntarily provide the following information.

1. General Information – Please complete the following information about your company:

Company Name: _____ Contact: _____
Address: _____
Street address, City, State, Zip code
Office: _____ Mobile: _____ Fax: _____
Email: _____
Trade: _____
SC Contractor License Number: _____ Expiration date: _____
State Limits: _____ Bond Amount: _____ Years in Business: _____

2. Insurance Requirements

Insurance Company: _____
Agent’s Name: _____ Agent’s phone number: _____
Agent’s email: _____

General Liability	\$1,000,000	Each Occurrence
	\$2,000,000	General Aggregate
	\$ 100,000	Damage to Rented Premises
	\$ 5,000	Medical expense
	Unique Constructors, LLC shall be named as Additional Insured on Subcontractors policy with form CG 2010 (or its equivalent) and a Waiver of Subrogation Form CG 2404 (or its equivalent) endorsement needs added in favor of Unique Constructors, LLC	
Workers Compensation	\$1,000,000	Each Accident
Automobile Liability	\$1,000,000	Combined Single Limit
Umbrella Liability	\$4,000,000	Each Occurrence/Aggregate

Can you fully provide the above requirements? Yes No
Has your company been involved in any litigation within the last 5 years? Yes No
OSHA citations within the last 5 years? Yes No
Provide at least 3 project references – include a brief description of the scope of work performed

Return to: Unique Constructors, LLC by email: info@uniqueconstructors.com or fax: 843-795-1211