



THE LEEGIS GROUP, INC.

GENERAL CONTRACTORS

SUBCONTRACTOR QUALIFICATION FORM

Please complete this form. If you are a supplier, please provide recent data on projects for which you have supplied material instead of listing previous experiences on past projects.

Completed forms should be submitted to: The Leegis Group, Inc.
Attn: Estimating
2333 US Highway 22 West
Union, NJ 07083
Fax: (908) 729-9109
E-mail: info@theleegisgroup.com

COMPANY INFORMATION

Company Name: _____

Specialty(ies)/Trade(s): _____

Contact Person: _____

Title: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Do you have the capability of printing large-format drawings if we send you files by e-mail?

YES

NO

Number of Employees: _____

Number of Years in Business: _____

Annual Volume: _____

Labor Affiliation: _____

Does your firm have a Safety Program?

YES

NO

What is your current EMR (Experience Modification Rating)? _____

(5)
Project Name: _____
Location: _____
Contact/Reference: _____
Year Completed: _____
Value of Work: \$ _____

Please provide at least three suppliers, general contractors or owner's representatives references:

(1)
Company Name: _____
Contact Person: _____
Phone Number: _____
E-mail: _____

(2)
Company Name: _____
Contact Person: _____
Phone Number: _____
E-mail: _____

(3)
Company Name: _____
Contact Person: _____
Phone Number: _____
E-mail: _____

I am interested in bidding and performing work for The Leegis Group, Inc.

Signature: _____
Name: _____
Title: _____
Date: _____