

**Comstock Construction Inc.**  
280 11<sup>th</sup> Street South—Wahpeton, ND 58075  
4511 15<sup>th</sup> Avenue North—Fargo, ND 58102  
1003 Progress Drive—Fergus Falls, MN 56537

**Subcontractor Pre-Qualification Form**

(Information on this form is considered confidential and will not be released to any other source.)

Name of Company \_\_\_\_\_

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

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Name of Principal \_\_\_\_\_ Home Phone \_\_\_\_\_

Type of Work Performed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Size of Company (Approx. gross sales last year) \_\_\_\_\_

Years Company in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Company Bank \_\_\_\_\_

Bank Contact \_\_\_\_\_ Phone \_\_\_\_\_

License: Number \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

Is your company licensed in any other state? \_\_\_\_\_

Is your company certified or pre-qualified to do:

State Work	Federal Work	Municipal Work
Other _____	Other _____	Other _____

Federal ID No. \_\_\_\_\_ State Sales Tax No. \_\_\_\_\_

Is your company:    Minority-owned    Woman-owned    Disadvantaged

Name of three suppliers with whom you have credit and do business with:

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Can your Company provide a bond?      Yes      No

If yes, maximum bond per project and rate \$ \_\_\_\_\_ Rate % \_\_\_\_\_

Surety Agent:      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Insurance Agent:      Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Do your employees belong to a union?      Yes      No

If yes, name of union \_\_\_\_\_

How far will you travel to do work (miles)? \_\_\_\_\_

Has your company or its Principals ever gone through bankruptcy or reorganization?

Yes, what year? \_\_\_\_\_      No

Do you have an approved Affirmative Action Plan?      Yes      No

Do you have a written safety program?      Yes      No

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Fill out form, print, and either fax to (701) 277-3256 or scan and email to [estimating@comstockconst.com](mailto:estimating@comstockconst.com) or mail to 4511 15<sup>th</sup> Avenue North, Fargo, ND 58102.