

OnePoint. Inc.

Subcontractor Pre-Qualifications Questionnaire

Instructions:

To be considered, please complete this form in its entirety, then mail or fax to:

OnePoint, Inc.
9000 Southwest Freeway Ste 330
Houston, Texas 77074
Phone: (713) 777-6666 Fax: (713) 777-5329

PLEASE TYPE OR PRINT CLEARLY AS POSSIBLE TO AVOID ENTRY ERRORS INTO OUR DATABASE

Primary Contact Information:

Your Name/Title: _____
Email: _____
Mobile Phone # _____

Company Information:

Company Name: _____
Address: _____
Phone # _____
Type of Company: Corporation Sole Partnership Partnership
 Other _____
State of Incorporation (if applicable): _____ Years in business _____
Federal ID# _____ or Social Security # _____

Primary Trades: _____

Secondary Trades: _____

Company Website: _____

Areas Willing to Work (check all that apply):

Austin Beaumont Corpus Christi Dallas Houston San
Antonio Valley Area

Principle Owners/Officers

Name: _____ Title: _____
Name: _____ Title: _____

Banking Reference:

Bank: _____
Contact: _____
Address: _____
Phone# _____
Fax # _____

Project Information:

List information on your three largest projects complete in the last year-

Project # 1: _____
Name & Description: _____
Location: _____ Subcontract Amount: _____
Name of Project's GC: _____
Name of GC Contact: _____ Phone #: _____

Project # 2: _____
Name & Description: _____
Location: _____ Subcontract Amount: _____
Name of Project's GC: _____
Name of GC Contact: _____ Phone #: _____

Project # 3: _____
Name & Description: _____
Location: _____ Subcontract Amount: _____
Name of Project's GC: _____
Name of GC Contact: _____ Phone #: _____

Supplier References:

Name: _____ Phone#: _____
Name: _____ Phone#: _____
Name: _____ Phone#: _____

Insurance Information:

Please have your insurance certificate mailed or faxed to our office

Name of Insurance Carrier: _____ Contact: _____
Address: _____
Phone#: _____ Fax #: _____

Coverage:

Workers Compensation: ___Yes ___No Current Experience
Rating: _____

General Liability: Yes No **Limit:**

_____ Yes No **Limit:**

(all vehicles)

Umbrella Excess Liability: Yes No **Limit:**

THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Completed by (Print name):

Signature: _____

Today's Date: _____