

BCBE
CONSTRUCTION
Subcontractor Qualification Checklist

Sub Name: _____

Date: _____

Estimator & Assistant _____

Vendor No. _____

- Insurance Certificate to match limits on attached example.
- Copy of current insurance policy.
- Copy of certified of registered Florida license including local occupational license.
- Company profile sheet. (Name, address, areas were they will work)
- Three letter's of reference.
- Form W9 - Taxpayer ID
- Signed DRAFT copy of standard BCBE subcontract agreement form.

Comments:

APPROVAL: _____

DATE: _____

- Scanned W-9
- Scanned Insurance
- Scanned PSL
- ISQFT Updated

