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JandLCable.com

MASSACHUSETTS • PENNSYLVANIA • NEW HAMPSHIRE • FLORIDA • MAINE • NEW YORK

About the Subcontractor Pre-Qualification Form:

J&L CABLE TV uses the information you provide on the Subcontractor Pre-Qualification Form to add your company to our subcontractor database.

Please fill out the form accurately and as completely as possible. Additional company information and or contacts may be submitted on supplementary pages.



Subcontractor Pre-Qualification Form:

COMPANY OPERATIONAL INFORMATION

Company Name:		Date:
Office/Mailing Address:	Physical Address:	
Phone#:	Fax# :	
E-mail Address:	Website:	

Structure of Company:

Corporation

Date of Establishment: _____
State: _____

Owner:	Email Address: Phone :
Key Contact Person:	Email Address: Phone :
Accounting Dep Contact:	Email Address: Phone :

Federal ID#: _____ Number of Employees: _____
 Dun & Bradstreet#: _____ Annual Volume: _____
 Project Type & Range: _____ Min (\$): _____ Max (\$): _____
 Union Bondable Yes No
 Non-Union If Yes, Bonding capacity: _____

Minority Information:

MBE (Minority Business) WBE (Woman's Business) DBE (Disadvantaged Business) SBE (Small Business) HUB (Historically Underutilized Business) 8 (a) Service Disable Veteran Veteran Other _____ None of the Above	Certification Status: N/A Self Public Private
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Subcontractor Pre-Qualification Form:

Licensing

Type	State	License Number
State Contractor License		
Other		

If no license is held, please list the reason:

Service Areas

List any specific cities, counties or states your company performs work in:

Other Information

Number of Technicians specialized in : _____
 Number of Supervisors : _____
 Number of Technicians per Supervisors : _____
 Number of Service Vehicles : _____

Does your company have a written OSHA Compliance Safety Program? Yes No
 If yes, please explain how it is administrated:

Has OSHA cited your company in the last 5 years? Yes No
 If yes, please explain:

Please give us information about your Internal Training Program, if any:

Are you currently involved in any lawsuits related to work in progress or? completed work? Yes No
 If yes, please explain:



Subcontractor Pre-Qualification Form:

References

Please list three (3) client references from the past six months.

Client Name	Contact Name / Phone# / Email	Address

Insurance

J&L's minimum insurance requirements are listed on our website.

- All subcontractors working on J&L's projects are required to provide copies of certificates of insurance as proof of coverage at the time of any award
- Please review these attachments and forward them to your insurance company(s) for verification that the coverage required can be supplied and maintained.

Can your company comply with the attached insurance requirements? Yes No

If you cannot meet these insurance requirements, please explain here or attach a letter from your insurance company(s) explaining why:

Non-compete

Please provide us information about your existing non-compete agreements, NDAs, conflict of interest conditions, etc.

Signature

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading

Signature : _____

Signed by : _____

Title : _____

Date Signed : _____