# Subcontractor Prequalification Form

Subcontractors and suppliers | Rev. 2026

Complete this form on your computer or print it, then email it to mail@adpgrp.com or upload it at adpgrp.com. You can also apply online at adpgrp.com under Subcontractors. Fields marked * are required.

## 1. Company information

Legal company name *

DBA (if different)

Street address *

City *

State *

ZIP *

Office phone *

Website

Federal tax ID (FEIN)

Years in business *

Business type (corporation, LLC, etc.) *

State of incorporation

Contact name *

Title

Email *

Mobile phone

Accounting contact and email

## 2. Trades and capabilities

Primary trade or supply *

Other trades or services

Areas you work in

☐ New Jersey ☐ New York City ☐ Rockland, Westchester and Hudson Valley ☐ Long Island

Number of field employees

Union, open shop or both

Prevailing wage experience (yes / no)

Certifications

☐ MBE ☐ WBE ☐ DBE ☐ SDVOB ☐ SBE

Certifying agency and certificate numbers

NJ Public Works Contractor Registration no.

Other licenses (NYC DOB, home improvement, etc.)

## 3. Insurance, bonding and safety

Maximum limits your company carries. Attach a current certificate of insurance.

General liability *

Umbrella

Automobile *

Workers' compensation carrier

Current EMR *

Supervisors with OSHA 30

Surety (if bonded)

Single project bond limit

Aggregate bond limit

## 4. Sample projects

Three recent projects.

| Project name | Company / owner | Project type | Contract value | General contractor | Contact phone | Email |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

## 5. References

Three owners, general contractors or construction managers you have worked for in the past three years.

| Company | Contact name | Phone | Email |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 6. Additional information

## 7. Documents to include

Attach to your email or upload

- ☐ Certificate of insurance
- ☐ W-9
- ☐ EMR letter
- ☐ Certification letters

## 8. Certification

I certify that the information in this application is true and complete, and I am authorized to submit it on behalf of the company named above. ADP Group Inc. may contact the references listed.

Name *

Title *

Date *

Signature *

### How to submit

Email the completed form and attachments to mail@adpgrp.com
or upload it at adpgrp.com under Subcontractors, then "Upload the PDF form".
Questions: (862) 343-5343, Monday to Friday, 8 am to 5 pm.