



SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Date: _____

SouthCon Building Group, LLC provides high quality construction services to our clients. We believe that subcontractors we select should provide the same quality service for their specialized area of work. In order to help ensure these high standards, we ask each subcontractor to voluntarily complete the following questionnaire.

Return to:

SouthCon Building Group, LLC

682 Johnnie Dodds Boulevard, Suite 101

Mt. Pleasant, SC 29464

Fax: 843.225.2844

Attention: Laurie Vogel

I. General Information- Please Complete the following information about your Company:

Company Name _____ Contact _____

Address _____
(Street Address, City, State, Zip)

Phone _____ Fax _____ Trade _____

Contractor License Number _____ Expiration Date _____

Years in Business _____ Number of Employees _____ Annual Volume \$ _____

II. Insurance Requirements

(Insurance Company Agent's Name and Phone Number)

General Liability:	\$1,000,000	Ea Occurrence/Personal and Adv Injury
	\$2,000,000	General Aggregate/Products-Com/Op Aggregate
Worker's Compensation:	\$500,000	E.L. Ea Accident/E.L. Disease-Ea Employee and Policy Limit
Umbrella:	\$2,000,000	E.L. Ea Occurrence/Aggregate
Automobile Liability:	\$1,000,000	Combined Single Limit

Can you fully provide the above requirements? YES _____ NO _____

Comments: _____

Experience Modification Rate: _____

Provide a complete listing of your company's past OSHA citation history.

Provide at least 3 project references.

Litigation within the last 5 years? YES _____ NO _____ If yes, please explain.