

Date: ____/____/____

AIK SUBCONTRACTOR PRE-QUALIFICATION FORM

In order to deliver great projects on time to our clients, having great subcontractors is crucial. To have projects run more seamlessly, AIK is looking to add you to our database of approved subcontractors. This will ensure that our insurances are compatible the moment a project manager pulls your information. If you are interested in working with AIK and being on our bid lists, please fill out this form and provide any necessary attachments. Completed forms should be sent to info@aikrenovations.com. We look forward to working with you!

Contact Information

Business Name (as listed on insurance): _____

Subcontractor Trade(s): _____

Address: _____

Estimating Contact

Name: _____ Email: _____

Phone: _____

References

Please provide contact information for two industry references with whom you have recently worked

Company: _____ Email: _____

Primary Contact: _____ Phone: _____

Work Description: _____

Company: _____ Email: _____

Primary Contact: _____ Phone: _____

Work Description: _____

Forms and Attachments Checklist

Please submit the following documents along with completed form:

- Sample Certificate of Insurance W9 Form Worker's Compensation Certificate