



KEANE CONSTRUCTION SUBCONTRACTOR PREQUALIFICATION FORM

CSI TRADE(S) OF WORK: _____

COMPANY INFO:

Name: _____

Address: _____

Phone #: _____ Fax#: _____

Contact Name: _____ Email Address: _____

Estimating Contact Name: _____ Email Address: _____

Date Company Formed: _____

Federal Tax ID#: _____

List trades typically performed by your own force: _____

Type of work usually subcontracted: _____

Number of Employees: Office: _____ Field: _____

Preferred Subcontract Size: _____

Geographic Availability (Circle all that apply): MD VA DC

Bonding Limitations: _____

Certifications: _____

Please list three (3) professional references:

1) Project Name: _____ Square Feet: _____ Contract Amt: _____
Client Name: _____ Contact Name: _____
Contact Title: _____ Contact Phone and Fax#: _____

2) Project Name: _____ Square Feet: _____ Contract Amt: _____
Client Name: _____ Contact Name: _____
Contact Title: _____ Contact Phone and Fax#: _____

3) Project Name: _____ Square Feet: _____ Contract Amt: _____

Keane Construction LLC
Mail: PO Box 1573, Ashburn, VA 20146
Deliveries: 44095 Pipeline Plaza, Suite 210, Ashburn, VA 20147
Phone: 571-223-0001 Fax: 571-223-0005



Client Name: _____ Contact Name: _____
Contact Title: _____ Contact Phone and Fax#: _____

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Mail: PO Box 1573, Ashburn, VA 20146
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