



Subcontractor Pre-Qualification Application

Please complete the form in its entirety. You may submit this form in one of the following ways:

- ❖ By email (preferably): mcollins@miradorenterprises.com
- ❖ By fax: (915) 351-1221
- ❖ By mail: 8201 Lockheed Dr. Suite 110, El Paso, TX 79925

Company Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

Point of Contact Name (Office): _____

Point of Contact Phone (Office): _____ Email: _____

Point of Contact Name (Field): _____

Point of Contact Phone (Field): _____ Email: _____

Company Federal Tax ID #: _____

Annual Company Revenue: _____ Total # of employee's _____

Classification (LLC, Corporation, Partnership, Sole Proprietorship) & State _____

Company Owner or Principal: _____

MIRADOR Enterprises performs work on several types of contracts all over the United States. Please specify what types of contracts your company has experience with and what states you are qualified to perform work in:

- Commercial
- Federal
- State
- Local/Municipal

State where services are provided: _____



Trades Performed:

Please list all trades performed by your company:

Small Business Categories:

- Certified Small Business
- Small Disadvantaged Business (SDB)
- Women-Owned Small Business (WOSB)
- Service-Disabled Veteran-Owned Small Business (SDVOSB_
- Historically Black College (HBCU) & Minority Institutions
- Disabled Veteran Business Enterprise (DVBE)
- Veteran-Owned Small Business (VOSB)
- HUBZone Small Business (HUBZ SB)
- HUB Certified

Certifications:

Please list all Certifications and Licenses your company holds:



Customer References (at least 3):

Customer: _____
Contact Info (Phone & Email): _____
Project Name: _____
Scope of Work: _____

Contract Value: _____ Date Completed: _____

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Project Name: _____
Scope of Work: _____

Contract Value: _____ Date Completed: _____

Customer: _____
Contact Info (Phone & Email): _____
Project Name: _____
Scope of Work: _____

Contract Value: _____ Date Completed: _____

Supplier References (at least 3):

Supplier: _____

Contact Info (Phone & Email): _____

Supplier: _____

Contact Info (Phone & Email): _____

Supplier: _____

Contact Info (Phone & Email): _____

Additional Requirements:

Payment terms are Net 30.

History of OSHA citations? Yes No If Yes, please explain: _____

Bonding Capacity (Aggregate): _____ Bonding Capacity (Single): _____

Bonding Company Name and Point of Contact (Person's name and Telephone Number): _____

Letter of Credit Amount: _____ Bank: _____

Ability to comply with Certified Payrolls: _____

Ability to Comply with LCP Tracker: _____

Is company registered with SAM (System for Award Management): _____

Do you currently participate in an Apprenticeship Program? If yes, what disciplines? _____

Please provide a list of equipment and describe whether owned or leased: _____

All subcontract agreements entered in with MIRADOR require that the subcontractor submit proof of insurance. Insurance requirements may vary based on specific scope of work and trade. Please provide MIRADOR with following information:

Workers Compensation Carrier: _____ Limit: _____

Automobile Liability Carrier: _____ Limit: _____

Commercial General Liability Carrier: _____ Limit: _____

Mirador requires the following limits on insurance coverage:

Commercial General Liability:

\$2,000,000 Products/Completed Operations Aggregate

\$2,000,000 General Aggregate Per Project

\$1,000,000 Any One Occurrence (Coverage A)

\$1,000,000 Any One Person or Organization (Coverage B)

Automobile Liability (Comprehensive Coverage)

\$1,000,000 Each Accident

Employers Liability (Coverage "B" on the Workers Compensation Policy)

\$1,000,000 Each Accident

\$1,000,000 Each Employee for Injury by Disease

Umbrella Liability

\$2,000,000 Each Occurrence

Completed by: _____ Title: _____

Signature: _____ Date: _____

For more information about MIRADOR please visit us at www.MIRADORENTERPRISES.com or call us at 915-546-4111