



Alsip TDL Industrial and Trucking Site Subcontractor Prequalification Questionnaire

Completed Form To Be Submitted To: gene.steinmarch@chicagosouthlandedc.org

Company Name _____	Divisions of Work/CSI Number(s)
Address _____	1. _____
City _____ State _____ Zip _____	2. _____
Phone No. _____ Fax _____	3. _____
Website _____	License No. _____
Corporation _____ Partnership _____ Sole Proprietorship _____	Union Affiliation _____
Principals _____	No. of Employees _____
_____	Years in Business _____
Regions of Work	Special Designations/Certifications (i.e., DBE, WBE, EBE, etc.)
Metro Chicago _____ Entire State of IL _____	_____
Cook County _____ Other _____	_____
Person who should receive Invitation to Bid	
Name _____ Title _____ Email _____	
Bank Reference	
Name _____ Contact Person _____ Phone No. _____	
Bonding Information	
Name _____ Contact Person _____ Phone No. _____	
Bonding Capacity \$ _____	Workers Compensation EMR _____ (Experience Modification Rate)
Project References:	
_____	_____
Project Name _____	Location _____
_____	_____
Contact Name & Company _____ Phone No. _____	Date Completed _____ Contract Amount _____
_____	_____
Project Name _____	Location _____
_____	_____
Contact Name & Company _____ Phone No. _____	Date Completed _____ Contract Amount _____