

Subcontractor & Supplier Prequalification Form

Please complete the following questionnaire and fax to 781-449-5555

A. ORGANIZATION GENERAL INFORMATION

Name of Company	
Street Address	
City, State, Zip Code	
Telephone Number	
Fax Number	
Owner Name	
Contact for Estimating	
Estimating-Email Address	
Company Web Address	

B. LICENSE INFORMATION

License Number	State	Type of License or Work License For

C. ORGANIZATION OF BUSINESS

1. This firm is a: Corporation Partnership Sole Proprietor

Names of Officers or Principals:

Title:

2. Date Founded: _____ Under Present Management Since: _____

3. Annual Revenue (Last Three Years)

2003 _____ 2004 _____ 2005 _____

D. BIDDING INTEREST

1. Type of Work: _____

2. Preferred Job Cost Range: _____

3. List Trades and Materials Normally Performed and Furnished by your Own Company:

Type of Work Usually Subcontracted to Others:



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5. Are you able to receive electronic drawings via e-mail: YES NO

6. Do you have Auto Cad: YES NO

VERSION: _____

E. LABOR & LABOR RELATIONS (office & field)

1. This company is signatory to following union labor agreements:

TRADE AGREEMENT WITH	EXPIRES

2. Current Number of Employees

Journeyman _____ Apprentices _____ Laborers _____ Sales _____

Project Managers _____ Office Employees _____ Field Employees _____ Executive _____

3. What States are you authorized to work in:

3. What States are you willing to work in:

F. RESUME OF PREVIOUS OR CURRENT WORK & REFERENCES

1. Please list the last three projects your company has completed.

PROJECT NAME	PROJECT LOCATION	CONTRACT VALUE	YEAR COMPLETED

2. Please list four professional references. (2 from an architectural firm and 2 from a general contractor)

COMPANY NAME	COMPANY CONTACT	PHONE NUMBER	FAX NUMBER

G. SAFETY DATA AND RECORD

1. Does your company have:

a. Written Safety Program and/or policies YES NO



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- b. Written Drug Policy YES NO
- c. OSHA 200 Log for Last three (3) years YES NO

2. List your firm's Worker's Compensation interstate Experience Modification Rate ("EMR") for the most recent three (3) years.

2003 _____ 2004 _____ 2005 _____

3. Have you been cited by OSHA in the last year? YES NO
4. Do you employ a full-time corporate or site safety professional or consultant? YES NO

H. INSURANCE & TAXES

1. Federal Tax ID Number: _____
2. State ID Number: _____
3. Is your Company Bondable : YES NO
4. Workmen's Compensation Carrier: _____ Policy #: _____
- a. Limit _____ b. State of Coverage: _____
5. General Liability Carrier: _____ Policy #: _____
- a. Limit _____ b. State of Coverage: _____
6. Automobile Insurance Carrier: _____ Policy #: _____
- a. Limit _____ b. State of Coverage: _____

I. MISCELLANEOUS INFORMATION

1. Have you ever participated in a project M/W/ESB program? YES NO
2. Your current certified classification: MBE WBE DBE ESB
3. Name of your Insurance Company: _____
4. Do you have Design/Build capabilities or in-house Engineering staff? YES NO

