

## SUBCONTRACTOR PRE-QUALIFICATION REQUIREMENTS

140 Gould Street, Needham, MA 02494 [781] 449-7700 • Fax [781] 449-5555

## 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: ☐ Corpo	ration 🗖 Pa	rtnership						
	Name of Officers on Delegation	-1- <b>T</b> '11-							
	Names of Officers or Princip	ais: litte:							
	2. Date Founded: Under Present Management Since:								
	3. Annual Revenue (Last Three Years)								
	o. Annual Revenue (East Three Year	5)							
	2017 20	16 2015	_						
D.	BIDDING INTEREST								
	1. Type of Work:								
			<del></del>						
	3. List Trades and Materials Normally Performed and Furnished by your Own Company:								

	Type of Work Usually Subco	ontracted to Others:						
	4. Are you able to receive	electronic drawings via e-mail:			☐ YES	□ NO		
	6. Do you have Auto Cad:	VERSION:			□ YES	□ NO		
	LABOR & LABOR RELATION	S (office & field)						
	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 authori	zed to work in:						
	3. What States are you willing	to work in:						
	RESUME OF PREVIOUS OR CURRENT WORK & REFERENCES							
	Please list the last three projects your company has completed.							
	PROJECT NAME	PROJECT LOCATION	CON	TRACT VALUE	YEAR COMPLE			
	Please list four professional	references. (2 from an architectu	ral firm a	and 2 from a gener	ral contractor)			
	COMPANY NAME	COMPANY CONTACT	PHO	ONE NUMBER	FAX NUMI	BER		
ì.	SAFETY DATA AND RECORD							
	1. Does your company have:							
	a. Written Safety Program and/or policies			☐ YES		)		
	b. Written Drug Policy			☐ YES		)		
	c. OSHA 200 Log for La	st three (3) years		☐ YES		)		

	2. List your firm's Worker's Compensation interstate Experience Modification Rate ("EMR") for the most recent three (3) years.							
	2017 2016 2015							
	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:							
l.	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					