



Boston Office
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SUBCONTRACTOR'S QUALIFICATION FORM

Trade(s): _____ Date: _____

Legal Name of Company: _____

Mailing Address: _____

City State Zip code

Shipping Address: _____

City State Zip code

Point of Contact: _____ Office Phone: _____

Fax #: _____ Cell Phone: _____

E-mail Address: _____ Website address: _____

Principal Name or Names: _____

Type of Entity: Corporation Sole Proprietorship Partnership Sub S Corp LLC

Federal ID # or Social Security # _____ Number of Full time employees: _____

How long have you been in business? _____

Fill in your contractor license info for all states you are licensed to conduct business:

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

List any other states in which you are qualified to perform work: _____

SUBCONTRACTOR DIVERSITY

Does your company qualify as a: Small Business Enterprise Woman Owned Small Dis-advantaged 8a Veteran Owned Service Disabled Veteran Owned HUB Zone

Subcontractor Diversity (for EMJ use only)

LEED Accreditation

Number of LEED Certified buildings that your company has worked on: _____

Number of LEED Accredited Professionals in your company: _____

Number of individuals who have been formally trained to work on "sustainable" projects: _____

LEED Accreditation (for EMJ use only)

Safety

List last three years Experience
Modification Ratio (EMR)

20____

20____

20____

If EMR ratio is greater than 1, attach explanation. _____

Safety – EMR Ratio (for EMJ use only)

Do you have a written safety program? Yes No

Who is responsible for the company Safety program? _____

Any OSHA violations in the last 3 years? _____

If yes, how many and explain them in more detail. _____

Do you have a "competent" Safety person to assign to each project? _____

Please describe the training, experience, education, etc. that makes this person competent: _____

Insurance

Do you carry General Liability Insurance? Yes No

Do you carry Automobile Insurance? Yes No

Do you carry Employer's Liability Insurance (Worker's Compensation)? Yes No

Do you carry Umbrella Insurance? Yes No

Note: Must return a current copy of Certificate with each insurance required listed and its limit with these forms.

Name of Insurance Company / Carrier: _____

Agent: _____ Phone: _____ Fax: _____

Insurance (for EMJ use only)

Insurance Certificates received (for EMJ use only)

Payment & Performance Bonding

Can you provide a Payment & Performance bond for this project? Yes No

What is the largest project that you have done:

Unbonded? \$ _____ Location/Name/Completion Date: _____

Bonded? \$ _____ Location/Name/Completion Date: _____

What is your company's current bonding capacity? Aggregate \$ _____ Single Project \$ _____

Bond Rate (per thousand) \$ _____

Name of Bonding Company: _____

Agent Name: _____ Phone: _____ Fax: _____

P&P Bonding (for EMJ use only)

Legal

Have any lawsuits been filed by or against the company in the last three years? Yes No

If "YES,"

Please explain _____

Has the company: Ever operated under another name? Yes No Ever failed to complete a project? Yes No Ever filed bankruptcy or receivership proceedings? Yes No

If "YES," please explain _____

Does the company have any uncollected judgments against it? Yes No

If "YES," please explain _____

Legal (for EMJ use only)

Financials

Note: Please attach a copy of your current financial statement (Minimum of Current Balance Sheet) and previous year end financial statement.

Was your Financial Statement prepared by a Certified Public Accountant? Yes No

Bank Name: _____ Contact: _____

Account #: _____ Phone: _____ Fax: _____

Bank Information: Total amount of line(s) of credit \$ _____ Unused portion of lines of credit \$ _____

Financials (for EMJ use only)

Other Lender's Name: _____

Other Lender's Address: _____

Other Lender's Contact Name: _____

Other Lender's Phone Number: _____

Financial Statements received (for EMJ use only)

Suppliers

1. Name: _____ Contact: _____
 Account#: _____ Phone: _____ Fax: _____
 Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____
 Twelve Month High: _____ Current Balance: _____
2. Name: _____ Contact: _____
 Account#: _____ Phone: _____ Fax: _____
 Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____
 Twelve Month High: _____ Current Balance: _____
3. Name: _____ Contact: _____
 Account#: _____ Phone: _____ Fax: _____
 Date of Account Opening: _____ Payment Terms: _____ Pay Per Terms: _____
 Twelve Month High: _____ Current Balance: _____

Suppliers (for EMJ use only)

Project Experience

What type of jobs do you normally do? Retail Commercial Industrial Residential
 Education Government Healthcare Hospitality

What is the average dollar size job your company performs? \$ _____

Average number of projects annually? _____

Average dollar size of current project in progress? \$ _____

How many current projects in progress? _____

Project Experience (for EMJ use only)

What was your company's annual volume for the past three years?

20____ \$ _____ 20____ \$ _____ 20____ \$ _____

Current Value of Work on Hand: \$ _____

Work on Hand (for EMJ use only)

Please list below six (6) SIMILAR projects completed by your firm within the last two (2) years:

- **Projects should be of similar size and scope**
- **Please list multiple General Contractors**

1. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

2. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

3. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

4. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

5. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

6. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

Project References (for EMJ use only)

End of form