

## SUBCONTRACTOR QUALIFICATION FORM

It is our policy, before we use quotes or sign subcontracts, to ask subcontractors to submit this qualification form. This enables us to categorize subcontractors within their trade by types and size of contracts they can handle. Please complete the following to the best of your ability. Please complete the following and submit with all requested documentation via mail or fax.

### 1. COMPANY INFORMATION

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Company:  Individual/Sole Proprietor  Corporation  Partnership  
(Please check all that apply)  Privately Held Company  Publicly Held Company

Employer ID #: \_\_\_\_\_ License #: \_\_\_\_\_ Class: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_ Annual Volume: \_\_\_\_\_

**Is your Company:** (Please check all that apply)

<input type="checkbox"/> SBE	Cert # _____	<input type="checkbox"/> MBE	Cert # _____	<input type="checkbox"/> Large Business	Cert # _____
<input type="checkbox"/> WOSB	_____	<input type="checkbox"/> DVBE	_____	<input type="checkbox"/> VOSB	_____
<input type="checkbox"/> HubZone	_____	<input type="checkbox"/> OTHER	_____		

**Trade Information:** \_\_\_\_\_

### Contact Information:

Name of Contact \_\_\_\_\_ Title: \_\_\_\_\_

Direct phone No./ Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_

### 2. INSURANCE INFORMATION (Please provide a sample proof of insurance for ALL existing insurances)

Name of Your **Performance Bond Carrier:** \_\_\_\_\_ Rating: \_\_\_\_\_

Bonding Limit: \_\_\_\_\_ Bonding Rate: \_\_\_\_\_

Name of Your **Auto Insurance Carrier:** \_\_\_\_\_ Rating: \_\_\_\_\_

Auto Limit: \_\_\_\_\_

Name of Your **Liability Insurance Carrier:** \_\_\_\_\_ Rating: \_\_\_\_\_

General Aggregate Limit: \_\_\_\_\_ Each Occurrence Limit: \_\_\_\_\_

Will you provide an additional insured endorsement, CG 20 10 11 85, or its equivalent form including coverage "on going" AND "completed" operations?  Yes  No

Will you include MTM Construction, its officers, directors, agents, employees AND owner as additional insured?  Yes  No

Will you provide "primary and non-contributory" insurance coverage?  Yes  No

Will you provide a "Waiver of Subrogation"?  Yes  No

Name of Your **Worker's Compensation Insurance:** \_\_\_\_\_ Rating: \_\_\_\_\_

Will you provide a "Waiver of Subrogation"?  Yes  No

What is your "Experience Modification Factor"? \_\_\_\_\_ %

#### MTM Construction Certificate of Liability Insurance Compliance:

\*\* Answer of "No" will disqualify the sub from subcontracting with MTM Construction, Inc.

\*\*The terms of our agreement state that you must maintain insurance coverage meeting your contract requirements while doing business with MTM Construction, Inc.



3. PROJECT EXPERIENCE

Type of Construction (Please check all that apply)

- Core & Shell, Government, New, Tenant Improvement, Offices, JOC, Education, Industrial, Other, Retail, Medical

Range of Projects Performed: \_\_\_\_\_ to \_\_\_\_\_ Average: \_\_\_\_\_

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers? [ ] Yes [ ] No

If yes, please explain for any liens over \$5,000. \_\_\_\_\_

Have you ever failed to complete a contract, been defaulted, or had a contract terminated? [ ] Yes [ ] No

If yes, please explain. \_\_\_\_\_

In the past five years, has your company or any of its key people been involved in an arbitration proceeding or lawsuits arising from construction projects? [ ] Yes [ ] No

If yes, please explain. \_\_\_\_\_

What percent of your work is normally subcontracted? \_\_\_\_\_ %

What geographic area(s) do you work in? \_\_\_\_\_

What percent of your work is: Public Works \_\_\_\_\_ % Private Works: \_\_\_\_\_ %

List 3 General Contractors that you have worked for in the last 12 months: (attach list as needed)

Table with 3 columns: Contractor Name, Contact Person, Phone

List 3 Material Suppliers that you have purchased from in the last 12 months: (attach list as needed)

Table with 3 columns: Supplier Name, Contact Person, Phone

4. SAFETY RECORD

In the past five years, has your company or any of its key people been investigated for or found to have committed a serious OSHA violation? [ ] Yes [ ] No

If yes, please explain. \_\_\_\_\_

Do you have a written employee safety policy, program or an "injury and illness prevention program"? [ ] Yes [ ] No

Do you have a designated company safety officer? [ ] Yes [ ] No

If yes, please provide name and contact number. \_\_\_\_\_

Do you conduct project safety inspections? [ ] Yes [ ] No

If yes, who conducts the inspection, name and title, and how often? \_\_\_\_\_

Do you perform weekly "Tool Box" safety meetings? [ ] Yes [ ] No

Current EMR Rate: 2017 \_\_\_\_\_ 2016 \_\_\_\_\_ 2015 \_\_\_\_\_ [ ] N/A

I here by certify that to the best of my knowledge all of the information on this form is correct. I also certify that I have reviewed the above requirements and agree to comply with them.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_