

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)*

- | | | | |
|---------------------------------------|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Core & Shell | <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Education | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Government | <input type="checkbox"/> Offices | <input type="checkbox"/> Industrial | <input type="checkbox"/> Medical |
| <input type="checkbox"/> New | <input type="checkbox"/> JOC | <input type="checkbox"/> Other _____ | |

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)*

Contractor Name	Contact Person	Phone
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_____	_____	_____
_____	_____	_____

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

Supplier Name	Contact Person	Phone
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_____	_____	_____
_____	_____	_____

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: 2009 _____ 2008 _____ 2007 _____ ☐ N/A

I hereby 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 _____