



SUBCONTRACTOR PRE-QUALIFICATION FORM

Return to: Purchasing Department **Fax:** 617-782-3829

Date: _____

Major Trade: _____

1. Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Contact Person: _____
E-Mail: _____ Website: _____

2. Check the box: Corporation Partnership Sole Proprietor

If Firm is a Corporation: (List Company Officers and Percentages of Ownership)

Date of Incorporation: _____ State of Incorporation: _____

CEO: _____ %

Presidents Name: _____ %

Chief Operating Officer: _____ %

Vice President's Name: _____ %

Treasurer's Name: _____ %

If Firm is a sole proprietor or partnership (List Owners and Percentages of Ownership):

Date of Organization: _____

Owner(s) of Company: _____ %

_____ %

3. Attach Organizational Chart

4. Years in Business: _____

5. How Many Years has your Organization been in business under it's present name?
_____ Years

6. Total Number of Employees:

Office: _____ Field: _____ Shop: _____



SUBCONTRACTOR PRE-QUALIFICATION FORM

Return to: Purchasing Department Fax: 617-782-3829

7. Circle the Geographic Areas Covered That Apply:

- Downtown Boston Eastern MA Western MA Rhode Island
New Hampshire Connecticut Vermont Maine
New York City Southern NY Northern NY Cape Cod
Northern NJ Southern NJ Pennsylvania Delaware
Georgia Virginia Florida Alabama
North Carolina South Carolina Ohio

8. List Trades and State(s) in Which Company Holds Licenses:

License Number:
License Number:
License Number:
License Number:

9. List Major Services and/or Products Provided in Order of Expertise:

1. % Subcontracted 5. % Subcontracted:
2. % Subcontracted 6. % Subcontracted:
3. % Subcontracted 7. % Subcontracted:
4. % Subcontracted 8. % Subcontracted:

10. Bank Reference: Contact:
Phone:
Bank Reference: Contact:
Phone:

11. List Six Trade References:

1. Phone:
2. Phone:
3. Phone:
4. Phone:
5. Phone:
6. Phone:

12. Attach a List of all Major Projects Completed within the Past Three Years. Include the Project Name, Owner, General Contractor, Phone, Start Date, Completion Date and Contract Amount.



SUBCONTRACTOR PRE-QUALIFICATION FORM

Return to: Purchasing Department Fax: 617-782-3829

13. List Three Major Projects Presently under Construction:

- Project: _____ Owner: _____
Contact: _____ Phone: _____
Start Date: _____ Finish Date: _____ Contract Amount: _____
Project: _____ Owner: _____
Contact: _____ Phone: _____
Start Date: _____ Finish Date: _____ Contract Amount: _____
Project: _____ Owner: _____
Contact: _____ Phone: _____
Start Date: _____ Finish Date: _____ Contract Amount: _____

14. List Volume for Past Three Years:

20__ 20__ 20__
Private Work: \$ _____ \$ _____ \$ _____
Public Work: \$ _____ \$ _____ \$ _____

15. Current Backlog of Uncompleted Work: \$ _____

16. Have you ever failed to complete a project? [] Yes [] No
If Yes, Explain: _____

17. Are you signatory to any Labor Agreement? [] Yes [] No
Which Trades? _____
Which Union Local? _____

18. Do you have a written safety program? [] Yes [] No
(If Yes, Attach Copy of Program)

19. Do you Require Your Field Employees to be OSHA 10 Hour Certified?
[] Yes [] No (If No, Please describe Safety Training you Provide)

20. Have you been cited by OSHA within the Last Four Years? [] Yes [] No
If Yes, Explain: _____



SUBCONTRACTOR PRE-QUALIFICATION FORM

Return to: Purchasing Department Fax: 617-782-3829

21. Insurance – Define your Standard Limits of Insurance Coverage:

General Liability

Limit: \$ _____ Ins. CO. _____ Broker _____ Phone _____

Umbrella

Limit: \$ _____ Ins. CO. _____ Broker _____ Phone _____

Design/Build

Limit: \$ _____ Ins. CO. _____ Broker _____ Phone _____

Workers Compensation

Ins. CO. _____ Broker _____ Phone _____

22. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for your firm? [] Yes [] No

23. Are you Bondable? [] Yes [] No

Surety Co. _____ Contact: _____ Phone: _____

Single Job Limit \$ _____ Aggregate \$ _____

24. Workers Compensation Modification rating (EMR for the last Three Years)

Note: An EMR is issued to your firm annually by your worker’s compensation insurance carrier

20____ 20____ 20____

25. Please check that following that apply to your company:

- [] SOMWBA Approved Minority Business Enterprise (MBE)
[] SOMWBA Approved Women Owned Enterprise (WBE)
[] Small Business Enterprise
[] Disabled Veteran

26. Does Your Company actively pursue “Prevailing Wage” Work? [] Yes [] No

27. Is your firm a Member of any Trade/Business Association? _____

28. Minimum Size of Job Your Firm Would Perform? \$ _____



SUBCONTRACTOR PRE-QUALIFICATION FORM

Return to: Purchasing Department **Fax:** 617-782-3829

29. Maximum Size of Job Your Firm Would Perform? \$ _____

Note: *Please fax back all attachments when this form is signed and returned.*

Submitted By: _____
(Signature)

Date: _____

(Print Name and Title)