

SUBCONTRACTOR PREQUALIFICATION FORM



MASS CONTRACTING

Today's date:			
GENERAL INFORMATION			
Company Name:		Web Address:	
Federal Tax ID #:		Year Established:	
Address:		Phone: ()	Fax: ()
P.O. box:	City:	State:	ZIP Code:
Primary Contact:	Phone:	Cell:	
Email:			

CORE COMPETENCY		
1. Please indicate your core construction competencies:		
<input type="checkbox"/> Demo <input type="checkbox"/> Concrete/Masonry <input type="checkbox"/> Structural Steel <input type="checkbox"/> Architectural Woodwork <input type="checkbox"/> Hollow Metal/Hardware <input type="checkbox"/> Metal/Glass	<input type="checkbox"/> Drywall/Carpentry <input type="checkbox"/> Ceramic Tile/Stone <input type="checkbox"/> Carpet/VCT <input type="checkbox"/> Paint/Wallcovering <input type="checkbox"/> Accessories <input type="checkbox"/> Equipment	<input type="checkbox"/> Window Treatments <input type="checkbox"/> Sprinklers <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Other _____
2. Indicate the size of project you are competent to perform:		
<input type="checkbox"/> \$0 - \$10,000 <input type="checkbox"/> \$10,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$75,000	<input type="checkbox"/> \$75,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,000+	
3. Check all building/industry types in which your company has worked:		
<input type="checkbox"/> Banking <input type="checkbox"/> Retail <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Broadcasting <input type="checkbox"/> Telecommunications <input type="checkbox"/> Restaurant/Hospitality	<input type="checkbox"/> Corporate Interiors <input type="checkbox"/> Data/Network <input type="checkbox"/> High Rise Office <input type="checkbox"/> Mid-Rise Office <input type="checkbox"/> Industrial <input type="checkbox"/> Residential	<input type="checkbox"/> Sports <input type="checkbox"/> Hi-Tech/Laboratories <input type="checkbox"/> Other _____
4. What percentage of your company's work is typically subcontracted: _____%		
5. Please list all trades you preform with your own workforce:	_____ _____ _____	

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REFERENCES - (Please list 3 GC/CM References with whom you have completed projects in the past 2 years.)	
Company Name:	Address:
Primary Contact:	Title:
Phone:	Email:
Company Name:	Address:
Primary Contact:	Title:
Phone:	Email:
Company Name:	Address:
Primary Contact:	Title:
Phone:	Email:
FINANCIAL/INSURANCE INFORMATION	
Total dollar (\$) value of work completed during last 3 years:	
Largest contract value (\$) to date:	
Banking Institution:	Banking Contact Person/Phone:
Insurance Company:	Insurance Agent:
Bonding Surety:	Bonding Capacity:
Limit per Project:	
SAFETY	
Does your firm have any pending or active judgments, claims or suits?	
Has your firm been cited by OSHA in the last 5 years?	
SIGNIFICANT PROJECTS - (Please list 2 significant projects completed in the last 2 years)	
Project Name:	
Project Address:	
Project Manager:	
Owner Name:	Owner Phone:
Scope of Work:	Project Size:
Original Contract Value:	Date Started:
Final Contract Value:	Date Completed:
Project Name:	
Project Address:	
Project Manager:	
Owner Name:	Owner Phone:
Scope of Work:	Project Size:
Original Contract Value:	Date Started:
Final Contract Value:	Date Completed:
Please fax completed form to (212) 308-9602 or email to office@masscontractingcorp.com	