

Subcontractor Prequalification Form



Company Information (Please print or type)

Legal Business Name _____ DBA: _____
Address/City/State/Zip _____ Phone _____
Contact Name and Email _____ Website _____

Company Profile

Type of Company Subcontractor (Furnish and Install) Subcontractor (Install Only) Supplier (Materials Only)
CSI Division(s)/Code(s) (list all that apply): _____
Typical Project Size (check all that apply): \$200,000 or below \$201,000-\$399,000 \$400,000-\$999,999 \$1,000,000 or more
Types of Projects (Check all that apply): Life Sciences Healthcare Schools Commercial Hospitality Industrial
Other (list) _____ # Full Time Field Staff _____ # of Full Time Office/Support Staff _____
Please Indicate Field Staff Labor Affiliations: Merit Shop Union If Union, Indicate Chapter _____
Do you qualify as MBE/WBE/VBE/DBE? If yes, list _____
Do you have experience with LEED/green buildings? Yes No Do you have experience with Design/Build? Yes No

Company Organization

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture
Date Established (month/day/year): _____ State Where Established: _____
Are you Authorized to Work in the State of MA? Yes No List applicable licenses: _____

Bonding and Insurance

Minimum BWK Insurance Requirements:
Workers Compensation Per Mass Statutory Limits - General Liability \$1,000,000/\$2,000,000 - Auto \$500,000/\$1,000,000 - Umbrella \$5,000,000
Insurance Company: _____ Insurance Agent _____ Insurance Agent Phone _____
Total Bonding Capacity \$ _____ Current Available Bonding Capacity/Single Job \$ _____

Safety Information

List your experience modification rate (EMR) for the last three years. Number of OSHA recordable incidents over the last three years. Data available at www.osha.com
Year: _____ Rate: _____ Year: _____ Number: _____
Year: _____ Rate: _____ Year: _____ Number: _____
Year: _____ Rate: _____ Year: _____ Number: _____
Do you have a written safety program? Yes No Do you have a company Safety Director or other safety professionals on staff? Yes No
If yes, Contact Name _____ Phone _____
Do all employees receive safety training? Company Training OSHA-10 OSHA-30 Other No

Vendor References (Please list three vendor references who you have bought materials from in the last year.)

Company 1 _____ Contact Name _____
Address (City, State, Zip) _____ Contact Phone _____
Company 2 _____ Contact Name _____
Address (City, State, Zip) _____ Contact Phone _____
Company 3 _____ Contact Name _____
Address (City, State, Zip) _____ Contact Phone _____

Subcontractor Prequalification Form



Contractor References (Please list three general contractors with whom you have worked for in the last year.)

| | |
|----------------------------------|---------------------|
| Company 1 _____ | Contact Name _____ |
| Address (City, State, Zip) _____ | Contact Phone _____ |
| Company 2 _____ | Contact Name _____ |
| Address (City, State, Zip) _____ | Contact Phone _____ |
| Company 3 _____ | Contact Name _____ |
| Address (City, State, Zip) _____ | Contact Phone _____ |

Recent Projects (Please complete requested information on company's recently completed or in progress projects or attach list.)

| | |
|---|---|
| Name of Project #1 _____ | Name of Project #3 _____ |
| Client/Owner _____ | Client/Owner _____ |
| General Contractor _____ | General Contractor _____ |
| Location _____ | Location _____ |
| Contract Value _____ | Contract Value \$ _____ |
| Description of Work Being Performed _____ | Description of Work Being Performed _____ |
| Architect/Engineer _____ | Architect/Engineer _____ |
| Phone _____ | Phone _____ |
| Completion (Planned) Date _____ | Completion (Planned) Date _____ |
| Name of Project #2 _____ | Name of Project #4 _____ |
| Client/Owner _____ | Client/Owner _____ |
| General Contractor _____ | General Contractor _____ |
| Location _____ | Location _____ |
| Contract Value \$ _____ | Contract Value \$ _____ |
| Description of Work Being Performed _____ | Description of Work Being Performed _____ |
| Architect/Engineer _____ | Architect/Engineer _____ |
| General Contractor Name _____ | General Contractor Name _____ |
| Phone _____ | Phone _____ |
| Completion (Planned) Date _____ | Completion (Planned) Date _____ |

Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits or liens currently against your organization, or have you had any bankruptcies or reorganizations in the last 10 years?

Yes No If yes, please explain. _____

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?

Yes No If yes, please explain. _____

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the subject of any federal or state suspension or disbarment?

Yes No If yes, please explain. _____

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the subject of any formal proceeding or consent order with a state or federal agency involving a violation of state or federal contracting or environmental laws?

Yes No If yes, please explain. _____

Authorization

The submitter of this pre-qualification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter.

Signature of Authorized Person _____ Date: _____

Print Name _____ Title: _____

Company: _____

Please send a copy of your W-9, Certificate of Insurance, and completed Subcontractor Prequalification form to Mike Griffiths, mgriffiths@bwkennedyco.com