Subcontractor Prequalification Form

BW KENNEDY
Building, a better way

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.
Year: _____ Rate: _____
Year: _____ Rate: _____
Year: _____ Rate: _____

Number of OSHA recordable incidents over the last three years. Data available at www.osha.com
Year: _____ Number: _____
Year: _____ Number: _____
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 _____

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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 _____
Client/Owner _____
General Contractor _____
Location _____
Contract Value _____
Description of Work Being Performed _____
Architect/Engineer _____
Phone _____
Completion (Planned) Date _____

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

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

Name of Project #4 _____
Client/Owner _____
General Contractor _____
Location _____
Contract Value $ _____
Description of Work Being Performed _____
Architect/Engineer _____
General Contractor Name _____
Phone _____
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