

PREQUALIFICATION FORM FOR SUBCONTRACTORS & VENDORS



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GENERAL INFORMATION

COMPANY NAME (full legal name):

FEDERAL TAX I.D.#:

WEBSITE:

MAN CONTACT:

JOB TITLE:

EMAIL:

CELL PHONE:

PHYSICAL BUSINESS ADDRESS

MAILING ADDRESS (if different)

STREET:

STREET:

CITY:

STATE:

ZIP:

CITY:

STATE:

ZIP:

TEL:

FAX:

TEL:

FAX:

BUSINESS TYPE: SUBCONTRACTOR SUPPLIER BOTH

TRADE(S) (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> SITE WORK | <input type="checkbox"/> CONCRETE FORMWORK | <input type="checkbox"/> CONCRETE FLATWORK | <input type="checkbox"/> PRECAST CONCRETE |
| <input type="checkbox"/> REINFORCING STEEL | <input type="checkbox"/> STRUCTURAL STEEL | <input type="checkbox"/> MISC. METALS | <input type="checkbox"/> MASONRY |
| <input type="checkbox"/> WATER / DAMPPROOFING | <input type="checkbox"/> FIREPROOFING | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> EIFS |
| <input type="checkbox"/> ROUGH CARPENTRY | <input type="checkbox"/> INSULATION | <input type="checkbox"/> DRYWALL | <input type="checkbox"/> CASEWORK |
| <input type="checkbox"/> MILLWORK | <input type="checkbox"/> ACOUSTICAL CEILINGS | <input type="checkbox"/> PAINT AND/OR WALLCOVERINGS | <input type="checkbox"/> SPECIALTIES |
| <input type="checkbox"/> FLOORING | <input type="checkbox"/> CERAMIC TILE | <input type="checkbox"/> DOORS, FRAMES & HARDWARE | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> ALUMINUM & GLASS | <input type="checkbox"/> ROOFING | <input type="checkbox"/> FIRE PROTECTION | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> CONTROLS | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ELEVATORS | <input type="checkbox"/> ELECTRICAL |
| <input type="checkbox"/> DATA & COMMUNICATIONS | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER: _____ |

COMPANY INFORMATION

PLEASE INDICATE THE CORPORATE STRUCTURE OF YOUR ORGANIZATION:

- CORPORATION
 LIMITED LIABILITY CORPORATION
 SOLE PROPRIETORSHIP
 PARTNERSHIP
 LIMITED LIABILITY PARTNERSHIP
 OTHER: _____

IF A CORPORATION OR PARTNERSHIP, PLEASE COMPLETE THE FOLLOWING:

DATE OF INCORPORATION OR FORMATION: _____ STATE OF INCORPORATION OR FORMATION: _____

NAME OF PRESIDENT, MANAGING PARTNER OR MANAGER: _____

HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS AS A CONTRACTOR/SUPPLIER? _____

UNDER WHAT OTHER OR FORMER NAME(S) HAS YOUR ORGANIZATION OPERATED? CHECK HERE IF NONE "

LICENSING, UNION STATUS AND EXPERIENCE

LIST THE JURISDICTIONS AND TRADE CATEGORIES IN WHICH YOUR ORGANIZATION IS LEGALLY QUALIFIED TO DO BUSINESS, AND INDICATE REGISTRATION OR LICENSE NUMBERS, IF APPLICABLE.

DOES YOUR ORGANIZATION HOLD ANY LOCAL, STATE OR FEDERAL CERTIFICATION AS A MINORITY OR DISADVANTAGED BUSINESS ENTERPRISE (FOR EXAMPLE; MWDBE, MBE, WBE, HUB OR OTHERS):

NOT APPLICABLE YES, ATTACH APPROPRIATE CERTIFICATES

DOES YOUR ORGANIZATION HAVE ANY LABOR AGREEMENT(S):

NOT APPLICABLE YES, PLEASE COMPLETE BELOW FOR EACH

CRAFT	LOCATION	EXPIRATION DATE
_____	_____	
_____	_____	
_____	_____	
_____	_____	

LIST THE CATEGORIES OF WORK THAT YOUR ORGANIZATION NORMALLY PERFORMS WITH ITS OWN FORCES: CHECK HERE FOR "ALL WORK"

HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE WORK AWARDED TO IT? NO YES, EXPLAIN BELOW

LIST THE MAJOR PROJECT(S) YOUR ORGANIZATION HAS **COMPLETED IN THE PAST TWO (2) YEARS.** CONTINUE ON A SEPARATE SHEET IF NECESSARY.

PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	COMPLETION DATE:	PERCENTAGE OF WORK SELF-PERFORMED:
PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	COMPLETION DATE:	PERCENTAGE OF WORK SELF-PERFORMED:
PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	COMPLETION DATE:	PERCENTAGE OF WORK SELF-PERFORMED:
PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	COMPLETION DATE:	PERCENTAGE OF WORK SELF-PERFORMED:
PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	COMPLETION DATE:	PERCENTAGE OF WORK SELF-PERFORMED:

LIST THE MAJOR PROJECT(S) YOUR ORGANIZATION HAS **CURRENTLY IN PROGRESS**. CONTINUE ON A SEPARATE SHEET IF NECESSARY.

PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	PERCENT COMPLETE:	SCHEDULED COMPLETION DATE:
PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	PERCENT COMPLETE:	SCHEDULED COMPLETION DATE:
PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	PERCENT COMPLETE:	SCHEDULED COMPLETION DATE:
PROJECT NAME:		OWNER:
ARCHITECT:		GENERAL CONTRACTOR:
CONTRACT AMOUNT:	PERCENT COMPLETE:	SCHEDULED COMPLETION DATE:

LIST THREE (3) TRADE REFERENCES:

FINANCIAL INFORMATION

SURETY REFERENCES

SURETY COMPANY:			SURETY AGENT:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
TEL:	FAX:		TEL:	FAX:	

BONDING CAPACITY

SINGLE PROJECT:

AGGREGATE:

ARE THERE ANY UNINSURED JUDGEMENTS, CLAIMS, ARBITRATION PROCEEDINGS OR SUITS PENDING OR OUTSTANDING AGAINST YOUR ORGANIZATION OR ITS OFFICERS? NO YES, EXPLAIN BELOW

HAS YOUR ORGANIZATION FILED ANY LAWSUITS OR REQUESTED ARBITRATION REGARDING CONSTRUCTION CONTRACTS WITHIN THE LAST TWO (2) YEARS? NO YES, PROVIDE THE INFORMATION BELOW

DATE FILED:

PLACE FILED:

AMOUNT OF LAWSUIT:

DISPOSITION OF CLAIM:

DATE FILED:

PLACE FILED:

AMOUNT OF LAWSUIT:

DISPOSITION OF CLAIM:

INSURANCE AND SAFETY INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING YOUR CURRENT INSURANCE COVERAGE. WHEN A SUBCONTRACT AGREEMENT IS ISSUED, YOU WILL BE REQUIRED TO PROVIDE AN INSURANCE CERTIFICATE AS EVIDENCE OF COVERAGE CONFIRMING THIS INFORMATION.

POLICY TYPE	NA	POLICY AMOUNT	WAIVER OF SUBROGATION	ADDITIONAL INSURED	PRIMARY & NON-CONTRIBUTORY
WORKERS COMPENSATION	<input type="checkbox"/>	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/>	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
AUTOMOBILE LIABILITY	<input type="checkbox"/>	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
EXCESS UMBRELLA LIABILITY	<input type="checkbox"/>	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROFESSIONAL LIABILITY	<input type="checkbox"/>	\$			

PROVIDE YOUR WORKERS COMPENSATION EXPERIENCE MODIFIERS FOR THE PAST TWO (2) YEARS. IF YOUR MODIFIER EQUALS OR EXCEEDS 1.18, YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION SPECIFICALLY EXPLAINING THE FACTORS THAT CONTRIBUTED TO THE RATE PRIOR TO THE AWARDING OF ANY WORK.

CURRENT YEAR - 20____ : _____

PREVIOUS YEAR - 20____ : _____

DOES YOUR ORGANIZATION OFFER **HEALTH INSURANCE** FOR ALL FULL-TIME EMPLOYEES?

YES NO

DOES YOUR ORGANIZATION WITHHOLD ALL REQUIRED PAYROLL TAXES ON ALL EMPLOYEES?

YES NO

ARE ALL YOUR EMPLOYEES LEGALLY ENTITLED TO WORK WITHIN THE UNITED STATES?

YES NO

COMPLETE THIS SECTION IF YOUR ORGANIZATION PERFORMS ANY OF THE FOLLOWING WORK:

EXTERIOR INSULATING FINISH SYSTEMS (EIFS)
SLOPED GLAZING SYSTEMS
ROOFING SYSTEMS
WATERPROOFING AND DAMPROOFING

PLASTER & LATH SYSTEMS
ALUMINUM ENTRANCES & STOREFRONTS
FLASHING & EXTERIOR SHEET METAL
JOINT SEALANTS

GLAZED WALL SYSTEMS
SKYLIGHTS
EXTERIOR PANEL SYSTEMS

DOES YOUR CURRENT POLICY **EXCLUDE**, IN ANY WAY, COVERAGE OR LIABILITY FOR:

MOLD YES NO

EIFS YES NO

IF MOLD IS NOT EXCLUDED ON YOUR GENERAL LIABILITY POLICY, DOES THE POLICY HAVE A SUBLIMIT FOR MOLD COVERAGE?

YES, SUBLIMIT AMOUNT \$ _____

NO

DOES YOUR ORGANIZATION HAVE A SEPARATE POLLUTION POLICY FOR MOLD?

YES, LIMIT \$ _____ PER _____ NO

CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE, UNDERSTANDING AND BELIEF, THAT NO EFFORT HAS BEEN MADE TO WITHHOLD PERTINENT INFORMATION OR TO PRESENT THIS INFORMATION IN A FALSE OR MISLEADING MANOR, AND THAT THE UNDERSIGNED IS A DULY AUTHORIZED AGENT OF THE APPLICANT.

SIGNATURE _____

DATE _____

PRINTED NAME _____

TITLE _____

IF THERE ARE ANY QUESTIONS CONCERNING THIS FORM, AND TO RETURN THIS COMPLETED FORM, PLEASE CONTACT:

CONSTRUCTION SOURCE MANAGEMENT
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