

Subcontractor Prequalification Form

General Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____

Trade(s): _____

Labor Relations:

Trade: _____ Union Designation: _____

Trade: _____ Union Designation: _____

Trade: _____ Union Designation: _____

Trade: _____ Union Designation: _____

Type of Organization:

Corporation: _____ Partnership: _____

Sole Proprietorship: _____

President: _____

C.E.O.: _____

Project Manager: _____

Treasurer: _____

Year Incorporated: _____ State: _____

Banking Reference: _____

Bonding Capacity: _____

Contract Range:

Minimum: _____ Maximum: _____

Have you ever failed to complete a construction contract?

Do you have any current or pending litigation or arbitration between past or present clients or subcontractors? _____

If yes please explain on a separate page.

List insurance limits and attach a copy of your insurance certificate:

List preferred location of work: _____

Safety Information:

Safety Manager or Contact Person: _____

OSHA Non-Compliance Citations (past five years)

Year: _____ Number of upheld citations: _____
Year: _____ Number of upheld citations: _____
Year: _____ Number of upheld citations: _____
Year: _____ Number of upheld citations: _____

Accident History:

Please describe any accidents within the past five years as attachments.

Have any of your employees ever become severely injured or died while working at your company? _____

If yes please explain circumstances as an attachment.

Certification:

I hereby certify the above information is accurate.

Signed: _____

Title: _____

Date: _____

Please return this form and attachments to:

Project Management
Ernest Guigli & Sons, inc.
10 Tech Cir.
Natick, MA 01760