



SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Name:

Federal Identification No.

Corporate Office	Address		
	City	State	Zip
	Phone	Website	
	Contact Name		
	Contact Phone	Contact Fax	
	Contact E-mail		

Company Type	Corporation	Sole Proprietor	Individual	DBA
	Partnership	Joint Venture	LLC	

If Company is a subsidiary, list Parent Company Name:

Year business was established:

List Company Office	Chariman	_____
	President (s)	_____
	Vice President (s)	_____

	Secretary	_____
	Treasurer	_____

CERTIFICATIONS

Please include a copy of all certifications indicated.

MBE- Minority Owned Business Enterprise WBE- Women Owned Business Enterprise



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Business Information

Please list the trade work your company performs:

Total Number of Employees:

Are you directly or indirectly signatory to any labor union agreement?

Yes No

If Yes, which unions?

LEGAL

Has your organization ever failed to complete any work awarded to it? *(If yes, please attach a explanation)* Yes No

Are there any Judgements, Claims, Arbitration Proceedings or Suits pending or outstanding against your organization or its Officers? *(If Yes, Please attach a explanation)* Yes No

Has your organization filed any lawsuits or requested Arbitration with regards to Construction contracts within the last five (5) years? *(If Yes, Please attach a explanation)* Yes No

Has your organization or its Principals ever filed for Bankruptcy? Yes No

SAFETY PROGRAM

Please list your Experience Modification Rating (EMR) for the last three (3) years:
 Year 20 EMR Year 20 EMR Year 20 EMR

How Many OSHA violations were recorded for the most recent year completed?

REFERENCES

Three (3) client References are required. Please fill out the following section:

Company	Contact	Phone



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Does your company agree to meet the Maman Corp. Safety regulations? Yes No

Please submit a current sample Certificate of Insurance with your current limits.

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

Completed By :*(Please Print)* _____

Date Completed: _____

Signature: _____

Title: _____