



NAUSET CONSTRUCTION CORP.

10 KEARNEY ROAD, SUITE 307. NEEDHAM, MA 02494
TEL: 781.453.2220. FAX: 781.453.2250. WEB: WWW.NAUSETCONSTRUCTION.COM

Subcontractor Qualification Form

Non-Union Only: _____ **Date:** _____
Union Only: _____ **Trade / Division:** _____
Union and Non-Union: _____

Section 1: Basic Information

Company Name: _____
 Physical Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Contact: _____
 Cell: _____ E-mail: _____
 List the Regions In Which You Work: _____

 List the States That Your Company is Licensed to Perform Work:
 State: _____ License Number: _____
 State: _____ License Number: _____
 State: _____ License Number: _____

Section 2: Experience

1. List 4 Trade References:

| | <u>Company</u> | <u>Contact</u> | <u>Phone</u> |
|----|----------------|----------------|--------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |

2. List Three Projects Presently Under Construction:

A) Project: _____ Owner: _____
 Start Date: _____ Finish Date: _____ Contract Amount: _____

B) Project: _____ Owner: _____
 Start Date: _____ Finish Date: _____ Contract Amount: _____

C) Project: _____ Owner: _____
 Start Date: _____ Finish Date: _____ Contract Amount: _____

3. Attach a List of All Major Projects Completed Within the Past Three Years. Include the Project Name, Owner, General Contractor, Contact, Phone, Start Date, Finish Date, and Contract Amount.



Section 3: Financial

1. List Your Company's Volume for the Past Three Years:

| | 20__ | 20__ | 20__ |
|---------------|----------|----------|----------|
| Private Work: | \$ _____ | \$ _____ | \$ _____ |
| Public Work: | \$ _____ | \$ _____ | \$ _____ |

2. Current Back Log of Work Through the Next 12 Months: \$ _____

3. Has Your Company Ever Failed to Complete a Project? Yes _____ No _____

4. Is Your Company Signatory to Any Labor Agreement? Yes _____ No _____
 Trades (list all): _____

5. Does Your Company Offer Health Insurance to its Employees?
 Number of Employees: Yes _____ No _____

6. What are Your Company's Standard Limits of Insurance Coverage?

| | Insurance Co. | Phone Number | Limit |
|-------------------|---------------|--------------|----------|
| General Liability | _____ | _____ | \$ _____ |
| Umbrella | _____ | _____ | \$ _____ |
| Design / Build | _____ | _____ | \$ _____ |
| Workers Comp. | _____ | _____ | \$ _____ |

7. Is Your Company Bondable? Yes _____ No _____
 Surety Company: _____ Single Job Limit: _____
 Aggregate: _____

8. Workers Compensation Modification Rating for the Past Three Years (EMR):

| | 20__ | 20__ | 20__ |
|-----|-------|-------|-------|
| EMR | _____ | _____ | _____ |

9. Does Your Co. Qualify as a SOMWBA Approved Minority Business Enterprise (MBE)?
 Yes _____ No _____

10. Does Your Co. Qualify as a SOMWBA Approved Women Owned Enterprise (WBE)?
 Yes _____ No _____

11. Does Your Co. Qualify as a Small Business Enterprise?
 Yes _____ No _____

Section 4: OSHA

1. Does Your Co. Have a Written Safety Program? Yes: _____ No: _____
 If Yes, please attach a copy.

2. Does Your Co. Require Your Field Employees to be OSHA 10 Hour Certified?
 Yes _____ No _____
 If No, Please describe the Safety Training that you provide.

3. Has Your Co. Been Cited by OSHA Within the Last 5 Years?
 Yes _____ No _____
 If Yes, Please Attach an Explanation of Each Incident.

Section 5: Other

| | |
|--|----------|
| 1. Is Your Company a Member of Any Trade / Business Association? If Yes, Please List: | |
| _____ | |
| _____ | |
| _____ | |
| 2. Minimum Size Project Your Company Would Perform? | \$ _____ |
| 3. Maximum Size Project Your Company Would Perform? | \$ _____ |
| 4. GC's Your Co. is currently performing work for: | 1 _____ |
| | 2 _____ |
| | 3 _____ |
| | 4 _____ |
| 5. Please Submit a Copy of Your Company's Most Recent Financial Statements: <i>(Balance Sheet, Income Statement and Statement of Cash Flow)</i> | |

Submitted By: _____
Signature Date