

Martins

Design ■ Construction
Real Estate Development

130 Sylvan Street Danvers, MA 01923
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SUBCONTRACTOR'S QUALIFICATION SHEET

The contents of this statement are CONFIDENTIAL.

Complete all sections as completely as possible.

Complete Schedule A (attached) if your organization is currently bidding a project.

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

Name of Organization: _____

Name of Individual: _____

Title: _____

Address: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Website: _____

Trades that your organization provides: _____

Choose One: Union Shop Open Shop Union and Open Shop

If Union, Which Affiliations: _____

1. ORGANIZATION

Type of Organization

Corporation Partnership Sole Proprietorship

Date of Incorporation/Partnership: ___/___/_____

State of Incorporation/Partnership: ___/___/_____

Minority Owned (specify): _____

How many years has your organization been in business as a subcontractor? _____

Please list previous name of company, if applicable:

If a previous name of company was applicable, how many years has your organization been in business under its present name? _____

Number of full time employees...

In Shop: _____ In Field: _____ In Office: _____

2. EXPERIENCE

Work Type / Category

List the categories of work that your organization normally performs with its own forces:

_____	_____
_____	_____
_____	_____

Please select the work types that your company will do:

Commercial Institutional Industrial Restaurant Retail

Multi-Family, Residential Single-Family, Residential

Current Projects

Summarize current projects and provide, at least, the following information. If more writing space is needed, provide information as an addendum on a separate sheet.

1. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

2. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

3. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

4. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

Past Projects:

Summarize projects completed in the last five (5) years. Please provide, at least, the following information. If more writing space is needed, provide information as an addendum on a separate sheet.

1. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

2. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

3. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

4. Name of Project: _____

GC or Client: _____

Contact: _____ Telephone # _____

Scope of Work: _____

Contract Amount: _____ Completion Date: _____

3. BANK / SALES / TRADE REFERENCES

Federal Employer ID Number: _____

Bank Reference

Name: _____

Contact: _____

Bank Location: _____

Telephone #: _____

Annual Sales Volume

2008: _____

2007: _____

2006: _____

Trade References (list five)

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

4. BONDING COMPANY

Can your company provide a bond if necessary? Yes No

Bonding Company Name : _____

Address: _____

Contact Name: _____ Telephone # _____

Single Project Limit: _____ Aggregate Limit: _____

5. SAFETY

Describe the permanent safety program you maintain within your organization.

6. SIGNATURE

I hereby certify the above to be the truth to the best of my knowledge.

Dated this _____ day of _____ 20_____.

Name of Organization: _____

By: _____

Title: _____

SCHEDULE A

Complete this schedule if your organization is currently bidding a project for Martins Construction.

Project Manager who will be assigned to this project:

Name: _____ Years with Company _____ Years in Construction _____

Prior positions and experience:

List this Project Manager's other commitments at this time.

Who prepares and processes submittals?

Who estimates change orders?

What is the % markup on change orders?

List hourly rates to be used to add or deduct work.

Foreman: _____ Mechanic: _____ Helper: _____

List equipment rates.
