



▶ PLEASE REVIEW & PROVIDE APPLICABLE INFORMATION ◀

COMPANY NAME: _____

PRIME CONTACT: _____

POSITION: _____ DATE: _____

ALTERNATE: _____

POSITION: _____

PHYSICAL LOCATION

MAILING ADDRESS (if same, check here)

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

GEOGRAPHICAL AREA: _____

FAX: _____

SERVICES OFFERED: _____

EMAIL: _____

WEBSITE ADDRESS: _____

GENERAL INFORMATION

What year was the company established?

How long in business under the present name?

◆ If the company name has changed, under what other or former names has it operated?

What is the type of organization? CORPORATION SUB-S CORP. LIMITED LIABILITY PARTNERSHIP SOLE PROPRIETORSHIP

◆ If the company is a corporation, what is the state of incorporation?

Date of incorporation: _____

◆ If the company is a corporation, please list corporate officers below:

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

◆ If the company is a partnership, who are the partners?

◆ If the company is a sole proprietorship, who is the owner?

LICENSING, CERTIFICATION & INSURANCE

What is your Federal ID / Tax ID #? _____ (Please attach statement if available)

What is your Contractor's License #? _____ Expiration Date: _____ (Please attach copy of license)

◆ Licensing Municipality: _____

Do you have other Professional Licenses or Certifications? YES NO

◆ If so, please list: _____ (Please attach copies of professional certs)

What is your General Liability Insurance Policy #? _____ Expiration Date: _____ (Please attach GL certificate of insurance)

What is your Workers' Compensation Policy #? _____ Expiration Date: _____ (Please attach certificate of premium payment)

Do you have Professional Liability Insurance? YES NO

◆ If so, what is the Policy #? _____ Expiration Date: _____ (Please attach PL certificate if applicable)



EXPERIENCE

How many total employees do you currently have? Average # of employees for the last five years:

◆ Current number of Office Staff: Current number of Field Staff:

How many projects has the organization completed in the past five years?

What percentage of your work by dollar volume is completed with your own work force? UNDER 25% 25% - 50% 50% - 75% 75% - 100%

◆ If the percentage is under 75%, what work do you typically subcontract?

◆ If the percentage is under 75%, what work do you typically self-perform?

Please list some of the projects your organization has completed during the past five years below:

Project Name	Location	Type of Work	Duration	Value
◆				
◆				
◆				
◆				
◆				
◆				

OPPORTUNITIES

What is the minimum dollar value subcontract you would consider performing? \$ What is the maximum? \$

Please indicate below what subcontract size(s) your organization is most comfortable / competitive performing:

UNDER \$5,000 \$5,000-\$10,000 \$10,000-\$25,000 \$25,000-\$50,000 \$50,000-\$100,000 \$100,000-\$250,000 OVER \$250,000

Please indicate below what market types your organization has had experience working on:

HEALTH CARE INDUSTRIAL OFFICE FOOD SERVICE MULTI-FAMILY RETAIL OTHER _____

Please indicate below what project type(s) your organization prefers working on:

NEW CONSTRUCTION BUILDING ADDITION RENOVATION SINGLE-STOREY MULTI-STOREY PHASED WORK TENANT IMPROVEMENT

Is your organization comfortable offering Value Engineering suggestions and options? YES NO

◆ If the answer above is yes, what are some typical suggestions you offer?

Is your organization comfortable working on Design/Build or Design/Assisted projects? YES NO

What was the best experience for your company?

◆ What made this work so special?

What was your worst experience?

◆ What made it difficult? How could you have improved this experience?

Please describe your "ideal" project:



LITIGATION

Has your organization ever failed to complete any work awarded to it? YES NO

◆ If the answer above is yes, please explain:

During the past 5 years, has litigation been brought against you for failure to pay subtrades, for quality of work or failure to deliver? YES NO

◆ If the answer above is yes, please explain:

Has your organization (or any of its principals) ever petitioned for bankruptcy? YES NO

◆ If the answer above is yes, please explain:

Are there any pending or outstanding judgements, claims, arbitration proceedings or suits against your organization or its officers? YES NO

◆ If the answer above is yes, please explain:

SAFETY

Does your organization have an official, written Company Safety Program? YES NO

◆ If so, is a copy of this program or a synopsis available for review? YES NO

◆ If so, is this program accredited? YES NO **Accredited By:**

Does your organization require safety training for all employees? YES NO

◆ If yes, what training is provided?

Does your organization maintain a Hazard Communications Program? YES NO

◆ If so, are your manuals regularly updated and available to workers? YES NO

Does your organization have a qualified Safety Person? YES NO **Contact:**

◆ If so, has this person completed the 30-hour OSHA training course? YES NO

◆ If so, does your Safety Person perform on-site inspections? YES NO

If you have other qualified safety personnel, please list:

Do you conduct regular safety meetings for employees? YES NO

Do you set safety goals? YES NO

◆ If so, please indicate the frequency / time frames: ANNUAL MONTHLY WEEKLY

Does your organization conduct post-accident investigation? YES NO

Does your organization enforce penalties for safety violations? YES NO

Does your company utilize outside safety consultants or organizations? YES NO

Do you have an official substance abuse policy? YES NO **Out-Source Contact:**

◆ If so, please indicate which testing criteria are covered: PRE-HIRE CAUSE RANDOM POST-ACCIDENT

◆ If so, is your organization also certified as a Drug-Free Workplace? YES NO **Date of Certification:**



BANKING

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

SURETY / BONDING

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

LEGAL

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

INSURANCE

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

TRADE REFERENCES / SUPPLIERS

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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COMPANY: _____

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CITY: _____ STATE: _____ ZIP: _____

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MOBILE: _____ EMAIL: _____

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MOBILE: _____ EMAIL: _____





TRADE ASSOCIATIONS

CONTACT: _____
 COMPANY: _____
 ADDRESS: _____

 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 MOBILE: _____ EMAIL: _____

CONTACT: _____
 COMPANY: _____
 ADDRESS: _____

 CITY: _____ STATE: _____ ZIP: _____
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CONTACT: _____
 COMPANY: _____
 ADDRESS: _____

 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 MOBILE: _____ EMAIL: _____

TRAINING PROGRAMS

Please list any local or national accredited training programs that your organization is involved with:

Program name	Description	Years of Involvement
◆		
◆		
◆		
◆		

COMMENTS

Thank you for your time and your efforts to respond to this questionnaire. We rely on accurate & current information in order to make informed decisions and decide on the best "fit" for our organization's requirements and our subcontractors' capabilities.

SIGNATURE

I understand that once submitted, this information will be kept confidential and not distributed to other contractors and is solely intended for the use of MCR Services, Inc. I further understand that this is a pre-qualification questionnaire only and not a promise of work. This is just a first step in building a relationship.

SIGNED: _____ POSITION: _____ DATE: _____