



107 Blue Hills Rd.  
Amherst, MA 01002  
PH: 617-399-8186  
PH: 760-744-4131

### Subcontractor Qualification

Thank you for your interest in working with M BAR C. Please complete the following form, provide evidence of Insurance and W-9. Please submit the required documents to [Subcontractors@mbaronline.com](mailto:Subcontractors@mbaronline.com) or fax to: (760) 744-4449. We will review your information and if eligible, submit a Subcontract Agreement for your review and signature.

Business Name and any DBA's \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Standard Scope of work: \_\_\_\_\_

CPR Contact Name & Email address: \_\_\_\_\_ / \_\_\_\_\_

Operations Contact Name & Email address: \_\_\_\_\_ / \_\_\_\_\_

PA State Contractors License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Company Status:  Corp  Partnership  LLC  Sole Proprietor

Is your Company:  Non Union  Union \_\_\_\_\_ Trade Classification

Is your Company able to complete Prevailing Wage Work, PA State Compliance & Certified Payroll reports? \_\_\_\_\_ CA DIR # (If applicable) \_\_\_\_\_

Location and where are you willing to work: \_\_\_\_\_ / \_\_\_\_\_

If you answer yes to any of the following, please explain:

Are there any judgments, claims, arbitrations or lawsuits outstanding/pending? \_\_\_\_\_

Has your company or principals, past or present filed any type of bankruptcy? \_\_\_\_\_

Has your company been subject to or had OSHA claims against it? \_\_\_\_\_

Has your company failed to complete any work awarded? \_\_\_\_\_

Workers Compensation Experience Modification Rate (Provide on Insurance letter head) \_\_\_\_\_

How many years have you been a contractor? \_\_\_\_\_

Past three years revenue: Year: \_\_\_\_\_ \$ \_\_\_\_\_ Year: \_\_\_\_\_ \$ \_\_\_\_\_ Year: \_\_\_\_\_ \$ \_\_\_\_\_

Provide a list of three business references: (Name, Address & Phone number)

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Certified:

Small Business \_\_\_\_\_ Women Owned \_\_\_\_\_ Veteran Owned \_\_\_\_\_ Disabled Vet \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_