

1. SUBCONTRACTOR IDENTITY

Company Name: _____

Area of Expertise: _____

Address: _____

Phone Number: _____ Fax Number: _____

Tax ID or SS Number: _____ Email: _____

Contact Person(s): _____

Type of Company: ☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ LLC

Date Company Formed: _____ Total Number of Employees: _____

States in which the company is legally qualified to do business (Include type and license numbers): _____

Names and titles of key personnel in company: _____

Has the company operated under any other name in the past five years? ☐ Yes ☐ No

If yes, give name(s): _____

Does the company have offices, plants, or warehouses at other locations? ☐ Yes ☐ No

If yes, give location(s): _____

2. MBE/WBE/SBE CERTIFICATIONIs the company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), or any other type of certified business enterprise? ☐ Yes ☐ No

If yes, which type? _____

3. FINANCIAL INFORMATIONDoes the company have a line of credit from any lending institution? ☐ Yes ☐ No

If yes, provide details: _____

Lender's Name, Address, Officer's Name, Phone: _____

Do you have the ability to bond projects? ☐ Yes ☐ No If yes, date of last bonded project: _____

Single project limit: _____ Aggregate Limit: _____

Bonding Company Name, Address: _____

4. SAFETY RECORDIn the past five years, has your company or any of its key personnel been investigated for or found to have committed a serious OSHA violation? ☐ Yes ☐ No

If yes, provide details: _____

What is your current Workman's Compensation EMR rate: ____ Please attach a copy of current EMR

Do you have a written employee safety policy and program? ☐ Yes ☐ No

Are there any open or aggregate liability claims that would impair your ability to insure any project?

☐ Yes (Attach explanation) ☐ No

5. OTHER INFORMATION

Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?

☐ Yes ☐ No If yes, give date: _____

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers?

☐ Yes ☐ No If yes, give details: _____

Have you ever failed to complete a contract, been defaulted, or had a contract terminated?

☐ Yes ☐ No If yes, give dates and details: _____

In the past five years, has your company or any of its key personnel been involved in any lawsuits arising from construction projects? ☐ Yes ☐ No. If yes, give details: _____

6. REFERENCES - Attach extra sheet if necessary

Current Projects (Include name of project, scope of work, contract amount, and completion date)

1. _____
2. _____
3. _____
4. _____

Trade References (List three of your subcontractors or suppliers; include name, contact, and phone)

Client References (List three clients, include name and phone number)

The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Name (Printed): _____ Signature: _____

Date: _____ Title: _____

Please send completed pre-qualification form to build@momentasize.com.