



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 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: _____ / _____

CT 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, CT 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: _____