

SUBCONTRACTOR QUALIFICATION FORM

Please fill out this form including a copy of your current Insurance Policy and return to McDowell Construction: joanne@mcdowellconstruction.com

Trade(s):				
. Company:		Contact: _		
Address:				
Phone:		Fax:		
E-Mail:				
Prior Business Name: (if applicable)				
Are you a subsidiary of a parent compa Do you have a subsidiary of your compa	any? Yes O	No O		
. List Company Officers:				
Name:		Title:		
Corporation O Partn	nership 🔘		Sole Proprietorship	\bigcirc
Years in Business:				
Number of Employees: Office	Field _		Shop	
. List of Geographical Areas Covered:				
. List Trades and States in which Company hol	lds licenses:			
	License	Number:	exp:_	
	License	Number:	exp:_	
	License	Number:	exp:_	
	License	Number:	exp:_	

7. List Five Trade Referen	ces (contact name and phone num	ber):		
1				
2				
3				
4				
5				
8. Has your firm, or any fi		n involved in a management role, ever filed for		
9. Are there any judgment any of its principals?	s, claims, arbitrations or suits pen Yes No Explain as nec	ding or outstanding against your company or essary on an attachment.		
		or mediation with regard to its construction Explain as necessary on an attachment.		
11. List Four Major Projec	ets Completed Within the Last Th	ree Years:		
1. Project Name/Loca	tion:			
Owner:	General	General Contractor:		
Contact Name:		Phone:		
Start Date:	Completion Date:	Contract Amount:		
2. Project Name/Loca	tion:			
Owner:	General	Contractor:		
Contact Name:		Phone:		
Start Date:	Completion Date:	Contract Amount:		
3. Project Name/Loca	tion:			
Owner:	General	General Contractor:		
Contact Name:		Phone:		
Start Date:	Completion Date:	Contract Amount:		
4. Project Name/Location:	:			
Owner:	General	General Contractor:		
Contact Name:		Phone:		
Start Date:	Completion Date:	Contract Amount:		

Owner:	General Contractor:		
Contact Name:		Phone:	
Start Date:	Completion Date:	Contract Amount:	
2. Project Name/Locatio	n:		
Owner:	General	Contractor:	
Contact Name:		Phone:	
Start Date:	Completion Date:	Contract Amount:	
3. Project Name/Locatio	n:		
Owner:	General	Contractor:	
Contact Name:		Phone:	
Start Date:	Completion Date:	Contract Amount:	
List Volume for the Past	Three Years:		
Year:	Year:	Year:	
Private Work: \$	\$	\$	
Public Work: \$	\$	 \$	
Current Backlog of Uncor	npleted Work: \$		
_	Complete a Project? Yes		
Ara Van Signotary to Any	Labor Agreement(s)? Yes) No ()	
	Labor Agreement(s). 165	_	
	safety Program? Yes	_	
Do Tou Have A Withell S	micry i rogram.	110	
Have You Been Cited by (OSHA Within the Last Three Yo	ears? Yes 🔘 No 🤇	

19. Worker's Compensation Modification Rating (EMR for the Last Three Years):

Year/Rating	Year/Rating	Year/Rating
20. Does Your Company Specia	· · · ·	(I.E. Retail, Medical, Light Industrial)
		on?
22. What is the Minimum Size .	Job Your Company Would Perform	m:
23. What is the Maximum Size \$	Job Your Company Would Perfor	m:
24. Financials - Attach your	most current financial statement	
Bank Reference		
Contact:	Phon	e:
Bonding Company: _		
Contact:	Phon	e:
Bond Limits: Per Pr	ojectAggr	egate:
Submitted by:		
Title:	Date:	
McDowell Const "Uncompromisin sub-contractors f	ersonally thank you for your interest in doing truction Corporation. In our continuous efforting Quality" and complete satisfaction, we strive or our diverse range of products. I, as well as rsonal and prosperous relationships with you a on Industry.	to provide our customers with te to employ the best qualified the staff at MCC, look forward

Please be sure to forward your General Liability and Worker's Comp. coverage information.

Thanks for your cooperation!