



410 RIVERSIDE AVE  
 SUITE 202  
 MEDFORD, MA 02155  
 PH: (781) 395-0600  
 FAX: (781) 395-0666  
 WWW.DELTACONSTRUCT.COM

**SUBCONTRACTOR QUALIFICATION REVIEW**

Company Name:	
Office Address	
Phone #:	Fax #:
E-mail Address:	Website:
Primary Contact:	
Scope of work:	
Average Subcontract Size:	Is your company Union, Non-Union or Both?

<b>Structure of Company</b>	
<b><u>Business Type (Check One)</u></b>	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____	
Date of Incorporation or Establishment: _____ State of Incorporation: _____	
Federal ID Number: _____ Dun & Bradstreet Number: _____	
States authorized to do work: _____ License #: _____	
President's Name: _____ Vice President's Name: _____	
Has Contractor ever done business under a different name? <input type="checkbox"/> If yes, provide name: _____	
Can Contractor provide a bond? <input type="checkbox"/> If yes, provide name of bonding agency: _____	
Insurance Agent Contact/phone/carrier (general liability, workers comp, etc.)	
Name: _____ Contact: _____	
Phone: _____ Fax: _____	
Indicate if your business qualifies as one or more of the following:	
<input type="checkbox"/> WBE (Woman Business Enterprise) <input type="checkbox"/> MBE (Minority Business Enterprise)	

Do you have a written Safety Program? <input type="checkbox"/> If yes, describe scope: _____
Any employee deaths in the last 3 years? <input type="checkbox"/> If yes, explain: _____
Any willful OSHA citations? <input type="checkbox"/> If yes, explain: _____

Do you have a drug testing program? \_\_\_ If yes, describe: \_\_\_\_\_

Has your organization failed to complete any work awarded to you in the last 5 years? \_\_\_

If yes, explain: \_\_\_\_\_

Any litigation? \_\_\_ If yes, explain: \_\_\_\_\_

Any outstanding judgments, claims, arbitration? \_\_\_ If yes, explain:  
\_\_\_\_\_

**References:**

Please list three trade references with whom you have worked in the last year:

Name with complete address	Contact & Phone #
1.	
2.	
3.	

Please list three general contractors with whom you have worked in the last year:

Name with complete address	Contact & Phone #
1.	
2.	
3.	

**Projects Prior or Current Projects for this firm:**

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Thank you for taking the time to complete this information. We look forward to working with you in the near future.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Firm Name