



SUBCONTRACTOR QUALIFICATION

Instructions: Please fill out completely and return to Kim Peirce, Executive Office Manager via fax at (603) 431-6664, or by email attachment to kpeirce@martininorthern.com.

Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Trade(s): _____

President: _____

Phone Extension: _____ Cell Phone: _____ Email: _____

Project Manager: _____

Phone Extension: _____ Cell Phone: _____ Email: _____

Estimator: _____

Phone Extension: _____ Cell Phone: _____ Email: _____

Other Contact: _____

Phone Extension: _____ Cell Phone: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

Contractor Licensed in the following States: _____

Contractor License Number: _____ Class: _____

Explain any limits on your firm's license: _____

Current Workers Compensation Experience Modification Rate Factor (EMR): _____

Current Number of Employees on Payroll (total): _____ (_____ Office _____ Superintendents _____ Craftsmen)

Is your firm address also a residential address? Yes No

What are the geographical limits your company is willing to travel to (NH, ME, VT, MA)?: _____

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Firm Type: Corporation Partnership Sole Proprietorship Joint Venture Other

Does your firm have union affiliations?: Yes No

Is your firm a minority-owned business?: Yes No DBE WBE MBE

Dun & Bradstreet Rating: _____

Owners or Major Stockholders: _____

Name of President: _____ Years in Position: _____

Name of Vice President(s): _____ Years in Position: _____

Name of Treasurer: _____ Years in Position: _____

Date the firm was organized in its present form: _____

Have there been any recent changes in ownership or management? Yes No *(if yes, explain on a separate sheet)*

Insurance Company: _____

Name of Insurance Agent: _____ Telephone: _____

Address: _____ State: _____ Zip: _____

Attach current insurance certificate to this submission. Note: Individual certificates of insurance are required for each project.

Bonding Company: _____

Name of Bonding Agent: _____ Telephone: _____

Address: _____ State: _____ Zip: _____

If required, can a payment and payment bond be obtained? Yes No Bond Premium Rate: _____

Maximum Bonding Capacity: \$ _____ Single Project Bonding Capacity: \$ _____

Largest bond obtained in the last three (3) years: \$ _____

Bank Reference: _____

Name of Contact: _____ Telephone: _____

Address: _____ State: _____ Zip: _____

Is the firm now, or has it ever been involved in bankruptcy proceedings? Yes No

Is the firm now, or has it ever been involved in reorganization proceedings? Yes No

Are there any pending or outstanding judgments, claims, or suits? Yes No

Has your firm ever failed to complete a contract? Yes No

(if the answer is yes to any of the above questions, please explain on a separate sheet)

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Annual sales and work in place volume for last three (3) years:

<u>Year</u>	<u>Work in Place</u>	<u>Sales</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Describe recent project experience (past 3 years) including contacts, addresses, and telephone numbers:

1. Project Name: _____

Location: _____ City: _____ State: _____ Zip: _____

Description of Work: _____

Your Contract Amount: \$ _____

Reference Firm (GC or Other): _____

Contact Person: _____ Telephone: _____

Address: _____ Email: _____

2. Project Name: _____

Location: _____ City: _____ State: _____ Zip: _____

Description of Work: _____

Your Contract Amount: \$ _____

Reference Firm (GC or Other): _____

Contact Person: _____ Telephone: _____

Address: _____ Email: _____

3. Project Name: _____

Location: _____ City: _____ State: _____ Zip: _____

Description of Work: _____

Your Contract Amount: \$ _____

Reference Firm (GC or Other): _____

Contact Person: _____ Telephone: _____

Address: _____ Email: _____

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SUBCONTRACTOR QUALIFICATION

I have read and agree to the General Conditions of Martini Northern, LLC. I understand that review and acceptance of the General Provisions are mandatory, but that this does not guarantee that I will be selected as a subcontractor for Martini Northern, LLC.

By signing this statement, I, _____, duly authorized as _____, affirm
(name)
(title) of _____ (company)

and certify that the information contained herein is accurate, and also entitle Martini Northern, LLC to contact references and names contained in this questionnaire.

Date Signature
