

**MDI GENERAL CONTRACTORS**

# Subcontractor

## Subcontractor's Qualification Application General Application



## Company Information

Company Name

Date

  

Year Established

Address

City

State

Zip

Primary Type of Work

President's Number

President's Email

President's Number

Fax

Estimator Contact

Estimator's Email

Accounting Contact

Accounting's Email

Work normally performed with your own forces?

 

Number of Employees in the office?

Number of Employees in the field?

Please list the geographic areas in which your company operates

If your company is HUB or Minority Certified, please provide us with a copy of your certificate.



# Financial Information

Average Annual Volume for the Past 3 Years

Current Dollar Amount Under Contract

Work normally performed with your own forces?

 Yes  No

Capacity

Bonding Company

Agent's Name

Agent's Phone

Bonding Limits: Aggregate

Bonding Limits: Single Project

Total Dollar Amount Currently Bonded

Bank

Bank's Contact Name

Bank's Contact Phone



## Insurance Information

Insurance Company Name

Contact's Name

Worker's compensation insurance

 Yes  No 

Please provide a sample copy of your insurance certificate showing all coverage.

## References

Please provide a list of at least four recent projects, including architect, general contractor, and contract amount, as a separate attachment. Include a contact name and phone number.



## Safety Information

Does Your Company have a Written Safety Program? If yes, submit a copy

Yes	No
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Using the previous 3 years OSHA Logs, please provide the following information

	Year	Year	Year
Number of recordable injuries/illnesses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of restricted work days	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of lost work days	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Fatalities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Hours Worked	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMR	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of safety coordinator / officer

Safety coordinator/office phone number

## Conclusion

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

