

ALL STATE

CONSTRUCTION, INC.

Phone (860) 678-0678 * 449 Cooke Street, P.O. Box 805 * Farmington, Connecticut 06034 * Fax (860) 676-8910

SUBCONTRACTOR QUALIFICATION FORM

Company Name:		Contact Person:		Contact Phone:	
Company Website:		Contact E-mail:		Contact Fax:	
Address:		City:		State:	Zip Code:

COMPANY PROFILE:

Type of work performed:		Trades usually self performed:	
Years in business under present name:		% of work performed by own forces:	%
Years performing work specialty:		Value of work now under contract:	\$
Average annual value of work completed during the past 3 years:	\$	Value of work in place last year:	\$
Union affiliations:		Contract expiration dates:	
		Do you accept Site Labor Agreements?	Yes No
Are you in compliance with EEO requirements?	Yes No	Is firm a minority business enterprise (MBE)?	Yes No
Total number of permanent staff employed:			

BONDING:

Bonding Agency:		Agent's Name:		Agent's Phone:	
Bonding Surety Company:		Single Bonding Limit:	\$	Total (Aggregate) Bonding Capacity:	\$
		Value of Work Now Bonded:	\$		

INSURANCE:

Insurance Agency:		Agent's Name & Phone:	
Insurance Company:		Workman's Compensation Experience Modifier for past three years:	

GENERAL / MECHANICAL / CIVIL CONTRACTORS

Major Contractor #MCO.0901120 * Mechanical Contractor #MEC.0001084

Holders of the "U", "S", "H" & "R" Stamps · Member of the A.S.M.E.

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BANK & CREDIT REFERENCES:

Bank Name:		Contact Person:		Contact Phone:	
Is Company rated with Dun & Bradstreet?	Yes No	If Yes, what is rating?			
Has your Company:	Failed to complete a contract?	Yes No	If Yes, explain:		
	Been involved in bankruptcy or reorganization?	Yes No	If Yes, explain:		
	Are there any pending judgements, claims or suits against your Company?	Yes No	If Yes, explain:		

REFERENCES:

(Please fill out completely)

List two (2) CMs or GCs your Company has worked for within the past three years:

Name of CM/GC:		Contact Person:		Contact Phone:	
Name of CM/GC:		Contact Person:		Contact Phone:	

List two (2) Major Suppliers you have used within the past three years:

Name of Supplier:		Contact Person:		Contact Phone:	
Name of Supplier:		Contact Person:		Contact Phone:	

COMPANY EXPERIENCE:

Does your Company have experience with any of following facilities? (Check all that apply)					
Education		Power & Utility			
Government		Industrial Plants			
Healthcare		Chemical & Refinery Plants			
Have you worked in occupied facilities?	Yes No	If Yes, explain:			
Have you worked on Mission Critical Projects?	Yes No	If Yes, explain:			

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LIST THREE (3) PROJECTS CURRENTLY UNDER CONSTRUCTION: (Please fill out completely)

Name of Project:		Location of Project:		Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:			Contact Phone:		

Name of Project:		Location of Project:		Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:			Contact Phone:		

Name of Project:		Location of Project:		Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:			Contact Phone:		

LIST THREE (3) PROJECTS COMPLETED IN PAST THREE YEARS: (Please fill out completely)

Name of Project:		Location of Project:		Subcontract Amount:	\$	Date Completed:	
Contracting Agency:		Contact Person:			Contact Phone:		

Name of Project:		Location of Project:		Subcontract Amount:	\$	Date Completed:	
Contracting Agency:		Contact Person:			Contact Phone:		

Name of Project:		Location of Project:		Subcontract Amount:	\$	Date Completed:	
Contracting Agency:		Contact Person:			Contact Phone:		

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SAFETY:

Have you had any OSHA fines within the last 3 years?	Yes	No	If Yes, attach sheet describing circumstances.
Have you had jobsite fatalities within the last 5 years?	Yes	No	If Yes, attach sheet describing circumstances.
Is your Company a "Drug-Free Workplace"?	Yes	No	If Yes, attach copy of written policy.

GEOGRAPHICAL AREA:

Would you Company perform in following areas? (Check all that apply)		
CT	VT	RI
ME	NH	NY
MD	MA	Other _____

CONTRACTOR LICENSING:

Trade:		License No.:		State:	
Trade:		License No.:		State:	
Trade:		License No.:		State:	

TYPE OF COMPANY:

- Corporation
- Partnership
- Sole Proprietorship

I HERBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

PRINT NAME & TITLE: _____

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