

Date: \_\_\_\_\_

## SUBCONTRACTOR and MATERIAL SUPPLIER PREQUALIFICATION FORM

The MacMillin Company provides construction services for institutional, commercial and industrial clients. If you would like to be considered for inclusion on our prequalified subcontractor and material supplier list, please fill out the entire form and return it to the address shown above. Thank you for your interest.

### YOUR INFORMATION:

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

\_\_\_\_\_  
*Physical Address*                      *Street*    *City*    *State/Zip*

\_\_\_\_\_  
*Mailing Address (if different than above)*                      *Street*    *PO Box*    *Suite #*

\_\_\_\_\_  
*Contact Name*    *Title*

\_\_\_\_\_  
*Phone*    *Mobile*    *Fax*

\_\_\_\_\_  
*Email*    *Website*

### SERVICE INFORMATION:

\_\_\_\_\_  
*Years in Business*                      \_\_\_\_\_  
*Number of Employees*

*Affiliation:*     *Open Shop*     *Union*     *Supplier/Vendor*

*Number of Employees: Office:* \_\_\_\_\_ *Field:* \_\_\_\_\_ *Shop:* \_\_\_\_\_

*List All Trades Performed* \_\_\_\_\_

*Service Area (List States)* \_\_\_\_\_

*Markets of Interest:*     *Commercial*     *Industrial*     *Institutional*     *Residential*     *Other/Specify:* \_\_\_\_\_

*Vendor Certification:*     *Minority*     *Women*     *Disadvantaged*     *Other/Specify:* \_\_\_\_\_

### FINANCIALS AND INSURANCES:

\_\_\_\_\_  
*Desired Annual Volume of Work*                      \_\_\_\_\_  
*Typical Project Dollar Value*                      \_\_\_\_\_  
*Average Annual Dollar Volume (3 yr)*                      \_\_\_\_\_  
*Number of Projects Underway*

\_\_\_\_\_  
*Bonding Limit (per Project)*                      \_\_\_\_\_  
*Bonding Limit (Aggregate)*                      \_\_\_\_\_  
*Line of Credit Amount*

\_\_\_\_\_  
*Name of Surety Company*    *Surety Company Contact*    *Surety Company Phone*

\_\_\_\_\_  
*Prime Lending Institution Name*    *Prime Lending Institution Contact*    *Prime Lending Institution Phone*

\_\_\_\_\_  
*Name of Insurance Company*    *Insurance Company Contact*    *Insurance Co Phone #*    *Insurance Co Fax #*

All subcontractors must be able to furnish evidence of insurance coverage that meets or exceeds MacMillin's stated minimum requirements. If you have questions regarding the coverages, please contact Mr. Jim Campbell at the Clark-Mortenson Company at (603) 352-2121.

**PLEASE SUBMIT A CURRENT "SAMPLE" INSURANCE CERTIFICATE WITH YOUR COMPLETED PREQUALIFICATION FORM.**

**SUBCONTRACTOR AND MATERIAL SUPPLIER PREQUALIFICATION FORM - (continued)**

**QUALITY ASSURANCE AND SAFETY:**

\_\_\_\_\_  
*List all Affiliations / Memberships*

\_\_\_\_\_  
*List all Certifications*

\_\_\_\_\_  
*Licenses*

\_\_\_\_\_  
*Awards*

\_\_\_\_\_  
*Other*

\_\_\_\_\_  
*WC Mod Rate (Last 3 yrs)*      *Safety Program?:* Yes No  
*OSHA Citations?* Yes No *Please Explain:* \_\_\_\_\_

**REFERENCES AND WORK EXPERIENCE:**

**OWNER REFERENCES (SUBMIT 3):**

<b>1</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>
<b>2</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>
<b>3</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>

**CONTRACTOR REFERENCES (SUBMIT 3):**

<b>1</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>
<b>2</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>
<b>3</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>

**MATERIAL & EQUIPMENT SUPPLIER REFERENCES (SUBMIT 2):**

<b>1</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>
<b>2</b>	<i>Name</i>	<i>Contact</i>	<i>Phone</i>
	<i>Project</i>	<i>Year Completed</i>	<i>Contract Value</i>

**ADDITIONAL INFORMATION CAN BE ATTACHED WITH YOUR SUBMISSION AND IS ENCOURAGED**