



Subcontractor Qualification Statement

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Web Site: _____

Number of employees: _____

How long has your company operated under its current name? _____

List previous company names (if applicable): _____

Description of company and services provided: _____

Does your company comply with the MA Independent Contractor law? Yes ___ No ___
(Visit www.ago.state.ma.us/filelibrary/148BAdvisory.pdf for an explanation of the law.)

Insurance

General Liability – The minimum amount of coverage required: \$1,000,000.

Worker's Compensation – The minimum amount of coverage required: \$500,000.

Automobile Liability – The minimum amount of coverage required: \$1,000,000.

Commercial Umbrella – The minimum amount of coverage required: \$2,000,000.

(Proof of Insurance must be faxed to our office with this form.)

A&M Construction requires **original** Certificates of Insurance to be on file in our office for each project. Subcontractors should direct their insurance company to fax the Certificate of Insurance to A&M Construction prior to mailing it (see address/fax below).

Federal Tax ID #: (Fax copy of W-9 to our office) _____

Company Contacts (Name/Phone/Email)

President/Owner: _____

Estimating: _____

Accounting: _____

Design/Build • Construction Management • General Construction

Safety

Safety Officer: _____

What is your current Experience Modifier Rate (EMR)? _____

Number of OSHA Inspections/Violations in Past Three (3) Years: _____/_____

Number of OSHA Recordables in Past Three (3) Years: _____

Does your company have a written safety program? Yes ___ No___

Does your company have a safety training program? Yes ___ No___

Does your company and all its employees have the appropriate permits, licenses and/or inspections required to perform work? Yes ___ No___

Do you certify that all equipment used is in proper condition? Yes ___ No___

References (3)

Company Name: _____

Contact Name/Title: _____

Address: _____

Phone: _____

Company Name: _____

Contact Name/Title: _____

Address: _____

Phone: _____

Company Name: _____

Contact Name/Title: _____

Address: _____

Phone: _____

Submitted By (Printed Name/Title): _____

Signature: _____