



McLAUGHLIN & COMPANY

Subcontractor/Supplier Qualification Form

COMPANY INFORMATION

Company Name: _____ Federal ID#: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Estimating Contact: _____

Email Address: _____ Phone: _____ Fax#: _____

What scope of work does your company perform?

Areas of Operation: _____

How many years has your firm been in operation? _____

Is your firm a: Corporation _____ Joint Venture _____ Partnership _____ LLC _____

Company Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Project Types: Commercial Educational Institutional Hospitality Tenant Improvements/Renovation

What size of subcontract or Purchase Order your company typically performs:

Less than \$100,000 \$100,000 to \$500,000 \$500,000 to \$1,500,000 Over \$1,500,000

Annual Revenue for the Past Three Years:

Year: _____

Revenue: _____

COMPANY BACKGROUND INFORMATION

Has your firm ever done business under a previous name or DBA? NO YES *(if so, please list)*

Has your company or any of the company officers of your company ever been involved in Bankruptcy or reorganization of a firm? NO YES *(if so please explain)*

Are there any judgments, claims, arbitrations, proceedings or suits pending/outstanding against your firm or its officers or principal? NO YES *(if so please explain)*



MINORITY CERTIFICATIONS

Is your company a certified minority contractor? YES NO

Please check and list certification numbers and agencies as they may apply:

MBE _____	Certification#: _____	Agency: _____
WBE _____	Certification#: _____	Agency: _____
DBE _____	Certification#: _____	Agency: _____
HUB _____	Certification#: _____	Agency: _____
SBE _____	Certification#: _____	Agency: _____

SAFETY

Does your company have an OSHA Compliant Written Safety Program? YES NO

Provide your company's EMR, Lost-Time and Recordable Injury Rates for the past three years (including current) :

Year	EMR	Lost-Time Rate	Recordable Rate	#of Citations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GENERAL INFORMATION & INSURANCE

Is your company bondable? YES NO

Bonding capacity for a single job: _____

Aggregate Bonding Capacity: _____

Bonding Agency: _____

Bonding Contact Name: _____ Phone #: _____

Name of Surety Company: _____

List your company's Insurance Limits: *(Include a current copy of Certificate of Insurance. See attached McLaughlin & Company requirements)*

Insurance	Carrier Name	Occurrence	Aggregate	Expiration
Workers Comp	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____
Auto Liability	_____	_____	_____	_____

PROJECT EXPERIENCE

List the three largest projects performed in the past three years:

Project Name	Location	Contract \$	Contact Name and Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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GENERAL CONTRACTOR REFERENCES

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

SUPPLIER REFERENCES

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

Company: _____ Contact Name: _____

Phone #: _____ Fax#: _____ Email: _____

AUTHORIZATION

I, _____, a representative of _____, hereby certify that all information provided in this questionnaire is true and correct to the best of my knowledge. We authorize McLaughlin & Company and its representatives to investigate directly with the references provided.

Submitted by: _____ Title: _____

Signature: _____ Date: _____

*****Please be sure to include along with this completed form, the items below:**

- Copy of your current occupational or state license
- W-9
- Certificates of General Liability, Worker's Compensation, and Automobile insurances in the SPECIFIED amounts naming The McLaughlin Group dba J. McLaughlin & Company as the Certificate Holder. *(see attached sample)*

Submit:

Completed pre-qualifications can be mailed, emailed, or faxed to the following:

McLaughlin & Company
3019 SW 27th Avenue, Suite 102
Ocala, Florida 34471
(352) 873-0755
C/O Kelly Bush – kbush@mclaughlin.com

