

## Subcontractor Prequalification Form

It is the policy of Mattern Construction, Inc. ("Mattern") to provide a safe and healthful environment for all employees through the prevention of incidents. As such, Mattern considers safety as top priority and requests the following information of our subcontractors:

<b>GENERAL INFORMATION</b>	
Company/Business Name:	_____
Company/Business Address:	_____
Contact Name:	_____
Contact Email:	_____
Phone Number:	_____
Trade/Type of Work Performed:	_____
Licensed Trade? Yes _____ No _____ (if "Yes" please provide copy of current license)	
Avg. # of Projects per Year _____ Avg. Project Size (\$) _____ Current # of Employees _____	
% Commercial Work _____ % Residential Work _____	
North American Industry Classification System (NAICS) Code: _____	
1. Has your company worked for Mattern in the last 3 years? Yes _____ No _____	
- If "Yes" to above, which Year and for which Project Manager did you work? Year: _____ Project Manager: _____	
2. Is your company capable of working on Prevailing Wage (Davis-Bacon) projects and complying with certified payroll and any other documentation requirements to perform these projects? Yes ___ No ___	
3. Indicate any of the following that apply to your company (please provide certification): SBE _____ MBE _____ WBE _____ DBE _____ DOT Approved _____ Other _____	
4. If requested, is your company capable of furnishing a surety bond? Yes _____ No _____	
5. How many years has your company operated under the current business name? _____ List any previous business names _____	

**PROJECT HISTORY**

1. Please list your (3) most recent projects:

Start / Completion Dates	Project Name & Description of Work Performed	Project Value (\$)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. For the projects listed in #1, please provide the following reference information:  
Name / Relationship / Phone # and/or Email Address:

Reference #1:

Reference #2:

Reference #3:

Please list any other references you would like us to contact:

\_\_\_\_\_

**INSURANCE & SAFETY**

3. List your company's Worker's Compensation (WC) Experience Modification Rate (EMR) for the three (3) most recent years:

Year	Intrastate	Interstate (if applicable)
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

e. If your WC carrier has not issued your company an EMR because you have not accrued enough WC costs, provide a copy of your WC Loss Run (available from your WC carrier).

f. If your current EMR is greater than 1.0, provide a written explanation of the safety methods implemented by your company to reduce this rate.

4. Are you able to provide insurance certificates naming Mattern as an additional insured? Yes \_\_\_ No \_\_\_

5. Has your company received an OSHA citation within the last three (3) years? Yes \_\_\_ No \_\_\_

6. Has your company experienced a workplace fatality within the last three (3) years? Yes \_\_\_ No \_\_\_

7. Are all field employees OSHA 10 certified? Yes \_\_\_ No \_\_\_ OSHA 30? Yes \_\_\_ No \_\_\_

**CERTIFICATION**

The undersigned warrants and represents the data provided in this document is accurate in all respects.

Name / Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**MATTERN OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Subcontractor Qualification Database Administrator**

Entered into database by: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor Prequalification Form (M2020-1.0) Last Revised 12/24/2019