

# NB North Branch Construction

76 Old Turnpike Road  
Concord, NH 03301  
(603) 224-3233 - FAX (603) 225-7165  
email: [info@northbranch.net](mailto:info@northbranch.net)

## SUBCONTRACTOR PREQUALIFICATION FORM

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Division Served #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Scope of Work Performed: \_\_\_\_\_

Web Page: \_\_\_\_\_ MBE/WBE/DBE: \_\_\_\_\_

Type of Work Preferred -  
i.e. Commercial, Residential, High End, Wood, Masonry, Steel: \_\_\_\_\_

Specific Geographical Area You Work In - i.e. Southern NH, Lakes Region,  
Massachusetts, Maine, Mile Radius of Office: \_\_\_\_\_

Year Business Started: \_\_\_\_\_

Form of Ownership:  Sole Proprietorship  Partnership  S-Corp.  C-Corp.  
Has the Company or any of its owners declared bankruptcy in the last 5 years:  Yes  No  
Is the Company Bondable?  Yes - Single Project Limit \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  No  
Have you ever failed to complete a project?  Yes (see attached details)  No  
Have you ever failed to complete a project on time?  Yes (see attached details)  No  
Have you had a contract terminated due to performance?  Yes (see attached details)  No  
What is your current Workers Compensation Experience Modification Rating (EMR)? \_\_\_\_\_

**X Enclose Insurance Certificate indicating General Liability, Automobile and Workers' Compensation Insurance with expiration dates (Required on all NBC Projects).**

Does your firm have a written safety plan?  Yes  No  
Does your firm have a written Hazardous Communications Program?  Yes  No  
Has your firm been cited by OSHA for any Serious or Willful safety violations in the last 5 years?  Yes  No  
Have you participated in any legal, arbitration or mediation proceedings in the last five years?  Yes  No  
If yes, provide details on a separate sheet.

# Employees: \_\_\_\_\_ # Jobs Run @ time: \_\_\_\_\_ Annual Volume \$ \_\_\_\_\_

Largest Job \$: \_\_\_\_\_ Average Job \$: \_\_\_\_\_ Smallest Job \$: \_\_\_\_\_

Current Contract Backlog: \$

Do you have a Service Department?  Yes  No

Do you have 24-hour coverage?

Yes  No

**Subcontractor Name:** \_\_\_\_\_ **List 5 References** (Owners, Architects, and at least 2 General Contractors) representative of size and complexity of work for which you wish to bid on - current work and/or work completed within the last 2 years:

1 Contact: _____ Company: _____ Address: _____  Telephone: _____ Email Address: _____ Your Contract \$: _____	2 Contact: _____ Company: _____ Address: _____  Telephone: _____ Email Address: _____ Your Contract \$: _____
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3 Contact: _____ Company: _____ Address: _____  Telephone: _____ Email Address: _____ Your Contract \$: _____	4 Contact: _____ Company: _____ Address: _____  Telephone: _____ Email Address: _____ Your Contract \$: _____
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5 Contact \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Your Contract \$: \_\_\_\_\_

NBC Office Use Only:					
	1	2	3	4	5
Quality					
Schedule					
Cost					
Submittals					
Cooperation					
Comments:					

**List 3 Vendor References with whom you have done business within the last 2 years:**

1 Contact: _____ Company: _____ Address: _____  Telephone: _____ Fax: _____	2 Contact: _____ Company: _____ Address: _____  Telephone: _____ Fax: _____
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3 Contact: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
  
 Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

NBC Office Use Only:			
	1	2	3
\$ High			
\$ Average			
Terms			
Late Payments			
Comments:			