

MWM Construction Inc.

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General Information

Company Name: _____

Year Company Started: _____

Trade: _____ License Number: _____

Mailing Address: _____

City, State, and Zip Code: _____

Street Address: _____

Contact (for bidding purposes): _____ Title: _____

Email Address: (Primary): _____

Email Address: (Secondary): _____

Mobile Phone: _____

Office Phone: _____ Fax Number: _____

Company Web Site: _____

Is your company an **MBE, WBE, or HUB**? _____

If so, what categories (B, H, A, I, F or D): _____

If so, please attach copies of applicable certificates:

Have you completed any LEED certified projects? If so, please indicate:

SUBCONTRACTOR PRE-QUALIFICATION FORM

Do you have any LEED accredited professionals? If so, please indicate:

Financial Information:

Please *attach* a copy of your General Liability and Worker Compensation Insurance Certificate.

Is your company is able to provide a payment & performance bond? ___ Yes ___ No
If so, please provide contact information for your bonding agent.

Please provide a banking reference:

Scope of Projects:

Check the type of projects you typically perform:

Office	_____	Hospital	_____	Government/Public Safety	_____
Retail	_____	Medical Office	_____	Education	_____
Hotel	_____	Multi-Family	_____	Residential	_____
Worship	_____	Industrial	_____	Commercial	_____
Renovations	_____	Upfit	_____		

Other:

(please identify)

Dollar amount of a typical medium size project for your company:

Less than \$25,000	_____	\$25,000-\$50,000	_____
\$50,000-\$100,000	_____	\$100,000-\$250,000	_____
\$250,000-\$500,000	_____	Over \$500,000	_____

Scope of Projects: (continued)

Dollar amount of largest project completed in the last 3 years: _____

Average annual work in place for last 3 years: _____

Amount of work currently under contract: _____

Locations your company regularly works:

Guilford County _____ Triad _____
North Carolina _____ Southeast _____
Other: _____

Safety:

List the number of injuries / illnesses for the three most recent years (use your OSHA 300 logs):

	2010	2009	2008
Number of Lost Workday Cases (Including restricted days - Columns 2 & 9)	_____	_____	_____
Number of OSHA Recordables (Columns 2, 6, 9 & 13)	_____	_____	_____
Number of Fatalities (Columns 1 & 8)	_____	_____	_____
Do you have a company safety program	_____ Yes	_____ No	

Name of person primarily responsible for company safety: _____

References:

Please **attach** (3) project references including project name, address, general contractor, architect or engineer, completion date and brief description of contract scope you performed.

Please **attach** (3) references from an owner, architect, engineer, material supplier or general contractor including name, company, and current telephone number.

Miscellaneous:

Submitted By:

Printed Name

Signature

Date