



F.W. MADIGAN COMPANY, INC.
 367 CHANDLER STREET ❖ P.O. BOX 20670 ❖ WORCESTER, MA 01602
 TEL: 508-753-1459 ❖ FAX: 508-754-4483 ❖ WWW.FWMADIGAN.COM

SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE

GENERAL COMPANY INFORMATION			
Name of Firm			
Address			
Telephone			
Fax			
Email			
Website			
Type of Work Performed			
Contacts			
Estimating		Email	
Operations		Email	
Accounting		Email	
Legal Identity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Ownership Type (Check ALL that apply): <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Woman Owned Business Enterprise (WBE) <input type="checkbox"/> Disadvantaged Business Enterprise		
_____ Years as a contractor under your present name _____ Years under present management			
Number of Employees _____ Administrative, Project Management, and General Office _____ Field Superintendents and Foremen _____ Field Craft			
Minimum size of job your firm would like to perform \$ _____ Maximum size of job your firm would like to perform \$ _____			
Experience Modification Rate (EMR) for the last three years (most recent year first): <div style="display: flex; justify-content: space-around;"> 20__ EMR _____ </div> <div style="display: flex; justify-content: space-around;"> 20__ EMR _____ </div> <div style="display: flex; justify-content: space-around;"> 20__ EMR _____ </div>			

Revised 8/30/11



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	Yes	No
Do you work on prevailing wage projects?		
Has your firm ever failed to complete a contract?		
Has your firm ever been in a lawsuit regarding project performance, payments or schedule?		
Within the last five years, has any officer or principal of your firm been an officer or principal of another organization when it failed to complete a construction contract?		
Has your firm received any OSHA citations in the past three years? If so, attach explanation resolution.		
Does your firm have a written Company Safety Program?		
Does your firm have a written Hazardous Communication Program?		
Does your firm have established accident investigation procedures? If so, who conducts the investigations?		
Does your firm have a safety training program for new hires?		
Does your firm have a fall protection program?		
Does your firm have a drug and alcohol substance abuse policy?		
Are all of your employees minimum OSHA 10 Hour trained?		
Are you a signatory to any labor agreement? If so, which trades?		
Does your firm have regular safety meetings? If so, how often?		
Does your firm have craft tool box safety meetings? If so, how often?		

List 3 General Contractor references:

Contact	Phone	Email



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FINANCIAL INFORMATION	
List bank Reference(s) (attach an additional sheet if necessary)	
Name of Bank	
Address	
Telephone	
Contact	
Total Line of Credit	
Line of Credit Currently Available	
Indicate your annual sales volume for the past three years (most recent year first):	
	20__ \$ _____
	20__ \$ _____
	20__ \$ _____
Indicate the value of the largest project you have completed for each of the past three years (most recent year first):	
	<u>Project Name/Owner</u>
20__ \$ _____	_____
20__ \$ _____	_____
20__ \$ _____	_____
Are you able to provide bonds if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, what is the name of your bonding company? _____	

Attach a financial statement, including your firm's latest balance sheet and income statement, showing the following (at a minimum):

Current Assets (e.g., joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, material inventory and prepaid expenses)
Net Fixed Assets
Other Assets
Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)
Other Liabilities
Name and address of firm preparing attached financial statements, and date thereof.



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INSURANCE INFORMATION

Please provide a copy of your current Insurance Certificate which must include, at a minimum:

- Workers' Compensation
- General Liability
- Commercial Auto
- Excess Liability Umbrella

Please attach any additional supplemental information which will better inform us as to your capabilities.

Submitted by: _____

Title: _____

Date: _____