

MCI Use Only: Sponsor _____

Approved by _____
(President or Controller)



Subcontractor Qualifications

Trade: _____

Legal Name of Firm: _____
Address: _____ City: _____ State: _____
Zip Code: _____ E-mail address: _____
Telephone #: _____ Fax #: _____ Website: _____
Type of Business: (Individual, Partnership, Corporation) _____
Inc. in State of: _____ Years in Business: _____
Annual Sales Volume for 3 years: _____, _____, _____
Number of Employees: _____ Union Affiliation: _____ Federal ID #: _____
Contractor License #: _____ State: _____ Expiration Date: _____
Square Footage Scope of Work Capabilities: _____

Names and Titles of Persons Authorized to Execute Contracts:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Please submit "Evidence of Insurance Certificate" meeting Exhibit B requirements.

Insurance Company: _____
(name) (address)

Agent or Broker: _____
(name) (address)

Bonding Company: _____
(name) (address)

Present Bonding Capacity: \$ _____

Bonding Agent: _____
(name) (address)

Customer References (Name, Address, Telephone #):

Please print and sign your name so we have record of who filled out this form:
