



Subcontractor Pre-qualification Questionnaire

Please mail or email your completed form to:

Mock Property Services
37 S. Cleveland Avenue
Mogadore, OH 44260
Phone: 330-628-9100
Email: info@mockpropertyservices.com

Contact Person for Clarification:

Phone _____
Email _____

COMPANY INFORMATION

CONTACT INFORMATION

Company/Firm Name: _____
Phone Number: _____ Federal Tax ID #: _____ Email: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Website: _____
Owner: _____ Phone: _____
Email: _____

FORM OF BUSINESS

Check one: Sole Owner _____ Partnership _____ Corporation _____ LLC _____
State of Registration: _____ Date of Registration: _____ Years in Business: _____

BASIC INFORMATION

Total Annual Revenue for the last two years: (20__) _____ (20__) _____

Total Number of Employees: _____

Have you operated under any other name(s) in the past 5 years? Yes _____ No _____

If so, provide name(s) and location(s): _____

Have you ever failed to complete a contract, been defaulted, or had a contract terminated?

Yes _____ No _____

If yes, provide dates and details: _____

SAFETY INFORMATION

In the past five years, has your company or any of its key personnel been investigated for or found to have committed any OSHA violations? Yes _____ No _____

If yes, please provide details: _____

What is your current Workman’s Compensation EMR rate: _____ (Please attach copy of current EMR)

Do you have a written employee safety policy & program? Yes _____ No _____ (Please attach copy)

Does your safety policy include a drug free workplace program (? Yes _____ No _____

If yes, please specify: _____

REFERENCES (Attach extra sheet if necessary)

Current Projects: (Include name of project, scope of work, contract amount, and completion date)

- 1. _____
- 2. _____
- 3. _____

Trade References: (List three of your subcontractors or suppliers; include name, contact, and phone)

- 1. _____
- 2. _____
- 3. _____

Client References: (List three clients; include name, contact, and phone)

- 1. _____
- 2. _____
- 3. _____

CERTIFICATIONS (Attach extra sheet if necessary)

Please list any certifications (ICPI, OLA, etc.)

The undersigned, on behalf of the Subcontractor, certifies that the information provided herein, including any attachments, is true and sufficiently complete so as not to be misleading.

Name (printed): _____

Signature: _____

Date: _____

Title: _____