



## Subcontractor Qualification Questionnaire

1. Company name \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Website: \_\_\_\_\_

4. Phone: \_\_\_\_\_

5. Fax: \_\_\_\_\_

6. Contact person(s): \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

8. How many years has your firm been in business as a contractor? \_\_\_\_\_

How many years has your firm been in business under its present name? \_\_\_\_\_

Under what other or former names has your organization operated? \_\_\_\_\_

\_\_\_\_\_

9. Type of organization (please check one):

Corporation

Partnership

Individually owned

Other (describe) \_\_\_\_\_

Date of incorporation or organization: \_\_\_\_\_

Please provide names & titles of principals (e.g., CEO, president, partners, owner):

\_\_\_\_\_

\_\_\_\_\_

10. Is your company union  or non-union  ?

11. What is your firm's project size capacity? (Please state minimum and maximum project values.)

Minimum: \$ \_\_\_\_\_ Maximum: \$ \_\_\_\_\_

12. Preferred Project Size: (Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Under \$50,000               | <input type="checkbox"/> \$50,000 to \$100,000       |
| <input type="checkbox"/> \$100,000 to \$200,000       | <input type="checkbox"/> \$200,000 to \$500,000      |
| <input type="checkbox"/> \$500,000 to \$1,000,000     | <input type="checkbox"/> \$1,000,000 to \$3,000,000  |
| <input type="checkbox"/> \$3,000,000 to \$6,000,000   | <input type="checkbox"/> \$6,000,000 to \$10,000,000 |
| <input type="checkbox"/> \$10,000,000 to \$15,000,000 | <input type="checkbox"/> Over \$15,000,000           |

13. References

Company Name: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

**Bank**

Company Name: \_\_\_\_\_  
Contact Person / Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email/Fax: \_\_\_\_\_

14. Please list your professional liability insurance carrier and limits

\_\_\_\_\_

15. Experience

**Current and Previous Projects (within three years)**

Project Name: \_\_\_\_\_  
Architect \_\_\_\_\_  
Type of work (New construction, build-out, rehab) \_\_\_\_\_  
Project amount \_\_\_\_\_

Project Name: \_\_\_\_\_  
Architect \_\_\_\_\_  
Type of work (New construction, build-out, rehab) \_\_\_\_\_  
Project amount \_\_\_\_\_

Project Name: \_\_\_\_\_  
Architect \_\_\_\_\_  
Type of work (New construction, build-out, rehab) \_\_\_\_\_  
Project amount \_\_\_\_\_

16. Claims & Suits (If the answer to any of the questions below is yes, *please attach details.*)

Has your organization ever failed to complete any work awarded to it?  Yes  No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  Yes  No

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?  Yes  No

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?  Yes  No

The Subcontractor Qualification Questionnaire **must** be filled out completely. For confidential purposes, please send all completed forms and attachments in a sealed envelope to:

Metro General Contractors, Inc.  
48155 West Road, Suite 1  
Wixom, MI 48393  
Attn: Office Administration

Fax to 248-615-1111

Email to: [eve@metrogeneralcontractorsinc.com](mailto:eve@metrogeneralcontractorsinc.com)