

MCA Subcontractor Pre-Qualification

Referred by: _____

Date Form Completed: _____

GENERAL:

1. Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

2. Officers:	_____	Title _____	Years w/ Co.: _____
	_____	Title _____	Years w/ Co.: _____
	_____	Title _____	Years w/ Co.: _____
	_____	Title _____	Years w/ Co.: _____

3. Contact for Requesting Bid: _____ Title: _____
Contact Telephone #: () _____

ORGANIZATION:

4. Form of Business: (check one) Sole Proprietor [] Partnership [] Corporation []

5. Ownership: Minority [] Female [] Percent of Ownership _____ EEO Classification _____

6. Parent Company Name: _____

City: _____ State: _____ Zip: _____

7. Insurance Company: _____ Agency Name: _____

Agent Name: _____ Phone Number: () _____

8. If required, can your company obtain payment and/or performance bonds? Yes [] No []

9. Describe Services Performed: _____

10. List other types of work within the services you normally perform that you subcontract to others: _____

SAFETY & HEALTH

11. Do you have a documented Safety program? Yes [] No []

12. Do you have documented Safety procedures? Yes [] No []

13. Do you hold site safety meetings for:

Field Supervisors	Yes [] No []	Frequency _____
Employees	Yes [] No []	Frequency _____
New Hires	Yes [] No []	Frequency _____
Subcontractors	Yes [] No []	Frequency _____

14. Do you conduct project safety inspections? Yes [] No []

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SUBSTANCE ABUSE

15. Do you currently have a Substance Abuse Policy? Yes [] No []
If yes, does it include: Pre-employment Testing Yes [] No []
Random Testing Yes [] No []
Testing for Cause Yes [] No []

PROJECT REFERENCES / PRICE LIST

16. Please list the Names, Addresses, Phone Numbers and Contacts of references for 3 industrial / commercial contracts completed within the last 3 years which are valued at over \$5,000.00.

COMPANY	ADDRESS	PHONE #	CONTACT

17. Attach a current price list of your company's services.

Name of Person completing questionnaire:

_____ (Signature)
_____ (Print Name) (Title)

For update of information provided on this questionnaire, please contact:

Name: _____
Telephone: () _____
Fax: () _____

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Please submit the following documentation along with the Pre-Qualification Form:

1. **WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**

Statutory Worker's Compensation and Employers' Liability coverage with a limit of not less than \$1,000,000; coverage should include a waiver of subrogation in favor of Contractor.

GENERAL LIABILITY

Comprehensive General Liability Insurance, with a specific endorsement for Contractual Liability for this Subcontract, to limits of not less than the following:

1. Bodily Injury \$1,000,000 each occurrence, \$2,000,000 aggregate.
2. Property Damage \$1,000,000 e each occurrence; \$2,000,000 aggregate.

AUTOMOBILE LIABILITY

Comprehensive Automobile Liability Insurance, covering owned and non-owned vehicles, to limits of not less than the following:

1. Bodily Injury \$1,000,000 each person, \$1,000,000 each occurrence.
2. Property Damage \$1,000,000 each occurrence.

Policies with \$1,000,000 combined single limits for general liability and automobile liability are acceptable in lieu of limits set forth in terms (b) and (c) above. (If an aggregate is applicable the minimum limit is \$1,000,000).

2. A copy of your **Substance Abuse Policy**.
3. A copy of your **Safety Program** that demonstrates compliance with OSHA 1910 and 1926 Standards.*

*If your company does not have a current OSHA approved safety program, copies of individual employees' local or regional safety council certification of Basic or Basic + safety course completion is acceptable.

4. Submit a current company brochure or profile illustrating your company's history, quality standards, and how doing business with your company will be an asset for MCA.

Please mail all originals and documentation to: **MCA Communications, Inc.**
525 Northville
Houston, Texas, 77037
Attention: Lee Canchola

All questions regarding this form, documentation, or procedures should be directed to:

Lee Canchola-H/R Admin.
Voice: (832) 295-5126
Fax: (281) 591-7545
Email: HR-Dept@mcacom.com