Tricord Masonry, LLC
3832 West Street
Hyattsville, MD 20785
(540) 379-8196 · Chris@tricordmasonry.com
tricordmasonry.com

PARTNER WITH TRICORD

Subcontractor Prequalification

Labor-only masonry crews · Commercial work across DC, Maryland & Virginia

Tricord Masonry is growing its network of labor-only masonry subcontractors. We bring the work and supply all masonry materials; you bring skilled crews, solid foremen, and quality workmanship. Approved partners get steady commercial work with major general contractors throughout the Mid-Atlantic.

1 SUBMIT
Complete this form and return it with the attachments below.

2 REVIEW
We verify insurance, licensing, safety and references, then visit an active job.

3 GET TO WORK
Approved crews are invited to price and staff upcoming Tricord projects.

RETURN COMPLETED FORM TO

Chris Shearer, VP of Operations
Chris@tricordmasonry.com
(540) 379-8196
3832 West Street
Hyattsville, MD 20785
Or apply online: tricordmasonry.com/subcontractors

REQUIRED ATTACHMENTS

- ☐ Certificate of insurance (limits in Section 3)
- ☐ IRS Form W-9
- ☐ Contractor & business licenses
- ☐ OSHA 300A summaries, last 3 years
- ☐ EMR letter from your insurance carrier
- ☐ Written safety program (or table of contents)
- ☐ Sample certified payroll (if applicable)

1 COMPANY INFORMATION

Legal company name		**DBA (if any)**	
Federal EIN		**Entity type & state formed**	
Office address		**City, state, ZIP**	
Years in business		**Prior names (last 10 yrs)**	
Owner(s) & % ownership		**Primary contact & title**	
Phone		**Email**	
Lead foreman / field super		**Foreman phone**	
AR contact & email		**Certifications (MBE/DBE/SBE)**	

2 LICENSING & REGISTRATION

List every license you hold where Tricord works. Attach copies.

Jurisdiction	License / registration type	Number	Class	Expiration
Virginia	DPOR contractor license			
Virginia	SCC business registration			
Maryland	SDAT registration (good standing)			
Maryland	County trader's license			
District of Columbia	Basic Business License			
West Virginia	Contractor license (if applicable)			

Has any license been suspended, revoked or disciplined in the last 5 years?	☐ Yes ☐ No	*Details*

3 INSURANCE & SAFETY RATING

Certificate must name Tricord Masonry, LLC, its general contractors and owners as additional insured (GL, auto, umbrella), primary & non-contributory, with waiver of subrogation. GC requirements may be higher.

Coverage	Tricord minimum	Your carrier	Policy limit	Expiration
Workers' compensation	Statutory, every state worked			
Employer's liability	$1M accident / disease / policy			
General liability	$1M occurrence / $2M aggregate			
Commercial auto	$1M combined single limit			
Umbrella / excess	$5M			

EMR - current year		**EMR - prior year**	
EMR - two years prior		**Insurance agent & phone**	

Do any workers fall outside your workers' comp policy (owner-exempt, 1099)?	☐ Yes ☐ No	*Details*

4 WORKFORCE & CAPACITY

W-2 field employees		**Journeyman masons**	
Apprentices		**Laborers / tenders**	
Foremen who run jobs independently		**Crews you can field at once**	
Largest crew on one job		**Largest labor contract ($)**	
Labor revenue, last year ($)		**Earliest start / backlog**	
Travel area (counties/states)		**English-speaking site contact**	

Do your foremen read drawings and lay out their own work?	☐ Yes ☐ No

SCOPES YOU SELF-PERFORM

- ☐ Face brick veneer
- ☐ Split face / ground face CMU
- ☐ Thin brick
- ☐ Through-wall flashing
- ☐ Utility / modular brick
- ☐ Stone veneer
- ☐ Elevator & stair shafts
- ☐ Repointing & restoration
- ☐ Reinforced CMU (grout, rebar)
- ☐ Cast stone & precast trim
- ☐ Firewalls / rated assemblies
- ☐ Brick pavers

TOOLS & EQUIPMENT YOU OWN

- ☐ Frame scaffold
- ☐ Masonry saws
- ☐ Trucks & trailers
- ☐ Mast climbers
- ☐ Telehandler / forklift
- ☐ Mortar mixers
- ☐ Grout pump

5 EXPERIENCE & REFERENCES

Your five most recent commercial masonry jobs over $50,000 in labor, newest first.

Project & location	Worked for (GC / mason)	Scope	Labor contract ($)	Completed	Contact & phone

CURRENT JOBS IN PROGRESS

Project & location	Working for	Crew size	Expected finish

REFERENCES (two GCs or mason contractors + one material supplier)

Company	Contact name	Phone / email	Relationship

Have you been terminated from, or walked off, a project in the last 5 years?	☐ Yes ☐ No	*Details*

6 SAFETY

Written safety program in place?	☐ Yes ☐ No
Competent person for scaffold on staff?	☐ Yes ☐ No
Competent person for fall protection on staff?	☐ Yes ☐ No
Silica exposure control plan (OSHA Table 1)?	☐ Yes ☐ No
Weekly toolbox talks held and documented?	☐ Yes ☐ No
Drug & alcohol testing program?	☐ Yes ☐ No

Person responsible for safety		**Foremen with OSHA 30 (#)**	
Field workers with OSHA 10 (#)		**Recordables, last 3 years**	
Lost-time injuries, last 3 yrs		**Fatalities, last 5 years**	

Any OSHA citations in the last 3 years? (attach details)	☐ Yes ☐ No	*Details*

7 WORKFORCE COMPLIANCE & PREVAILING WAGE

Are all field workers paid as W-2 employees?	☐ Yes ☐ No	Details
Do you sub any work to other crews or 1099 workers?	☐ Yes ☐ No	Details
Enrolled in E-Verify, with I-9s on file for every worker?	☐ Yes ☐ No	Details
Have you performed Davis-Bacon or state prevailing wage work?	☐ Yes ☐ No	Details
Can you submit weekly certified payroll (WH-347 / LCPtracker)?	☐ Yes ☐ No	Details
Any wage & hour claims or DOL findings, last 5 years?	☐ Yes ☐ No	Details

Union or open shop (local #)		Who prepares certified payroll?	
Registered apprenticeship (sponsor)		Payroll service used	

8 FINANCIAL & LEGAL

Bank & reference contact		Bonding capacity / surety	
Bank phone		Surety agent & phone	

Can you carry 30-45 days of payroll before first payment?	☐ Yes ☐ No	Details
Bankruptcy filed in the last 7 years?	☐ Yes ☐ No	Details
Open liens, judgments or tax liens?	☐ Yes ☐ No	Details
Pending lawsuits or claims?	☐ Yes ☐ No	Details
Ever defaulted on a contract?	☐ Yes ☐ No	Details

9 CERTIFICATION

I certify that the information in this form and its attachments is true and complete. I understand Tricord Masonry, LLC will rely on it to approve my company, may verify any of it, and may remove my company from its approved list for false or outdated information. I will notify Tricord within 5 business days of any lapse in insurance or licensing.

Signature		Date	
Printed name		Title	

TRICORD INTERNAL REVIEW — OFFICE USE ONLY

Check	Result	Initials / date
COI received, limits verified		
Licenses verified on state lookup sites		
W-9 received		
EMR at or below 1.0		
Two references called		
Active job visited, work quality reviewed		
Approved scopes		
Approved max crew / contract size		
Decision: approved / conditional / declined		
Approved by		
Re-qualification due (12 months)		