



## SUBCONTRACTOR QUALIFICATIONS STATEMENT

Date: \_\_\_\_\_

Major Trade: \_\_\_\_\_

1) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

2) Years in Business: \_\_\_\_\_

3) Total Number of Employees: \_\_\_\_\_ Office: \_\_\_\_\_ Field: \_\_\_\_\_ Shop: \_\_\_\_\_

4) List Geographic Areas Covered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) List Trades and State(s) in Which Company Holds Licenses:

\_\_\_\_\_ License Number: \_\_\_\_\_

\_\_\_\_\_ License Number: \_\_\_\_\_

\_\_\_\_\_ License Number: \_\_\_\_\_

\_\_\_\_\_ License Number: \_\_\_\_\_

6) List Major Services and/or Products Provided in Order of Expertise:

1. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_ 5. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_

2. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_ 6. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_

3. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_ 7. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_

4. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_ 8. \_\_\_\_\_ % Subcontracted: \_\_\_\_\_

7) Bank Reference: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

8) List Three Trade References (Contact & Phone):

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

9) List Three Major Projects Presently Under Construction:

Project: \_\_\_\_\_ Owner: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Project: \_\_\_\_\_ Owner: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Project: \_\_\_\_\_ Owner: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

10) List Revenue for the Past Three Years:

	20____	20____	20____
Private Work	\$ _____	\$ _____	\$ _____
Public Work	\$ _____	\$ _____	\$ _____

11) Current Backlog of Uncompleted Work: \$ \_\_\_\_\_

12) Attach Financial Statement, Include Most Recent Copy on Auditors Letterhead.

13) Have You Ever Failed to Complete a Project? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14) Are You Signatory to Any Labor Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Trades? \_\_\_\_\_  
\_\_\_\_\_

15) Do You Have a Written Safety Program? Yes \_\_\_\_ No \_\_\_\_  
(If Yes, Attach Copy of Program)

16) Do You Require Your Field Employees to be OSHA 10 Hour Certified? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If No, Please describe Safety Training you provide)

17) Have You Been Cited by OSHA Within the Last Four Years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18) Insurance – What are Your Standard Limits of Insurance Coverage?

A) General Liability  
Limit: \$ \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

B) Umbrella  
Limit: \$ \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

C) Design/Build  
Limit: \$ \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

D) Workers Compensation  
Limit: \$ \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

E) Are You Bondable? Yes \_\_\_\_\_ No \_\_\_\_\_

Surety Co. \_\_\_\_\_

Single Job Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

19) Workers Compensation Modification Rating (EMR for Last Three Years)

20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_

20) Do you offer Health Insurance for your Employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Full Coverage \_\_\_\_\_ Partial Coverage \_\_\_\_\_ No Reimbursement \_\_\_\_\_

21) Do You Have a Formal Employee Training Program? Yes \_\_\_\_\_ No \_\_\_\_\_

22) What Means Do You Use for Employee Training (indicate all that apply)

In House Training Programs	Yes _____	No _____
Gould Institute (ABC)	Yes _____	No _____
Trade School / Apprenticeship Program	Yes _____	No _____
Continuing Education Programs	Yes _____	No _____
Seminars and Workshops	Yes _____	No _____

23) Do You Qualify as a SOMWBA Approved Minority Business Enterprise (MBE)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Qualify as a SOMWBA Approved Women Owned Enterprise (WBE)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do You Qualify as a Small Business Enterprise?

Yes \_\_\_\_\_ No \_\_\_\_\_

24) Does Your Company Have Any Particular Specialized Areas of Expertise?

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25) Is Your Firm a Member of Any Trade / Business Associations?

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26) Minimum Size of Job Your Firm Would Like to Perform \$ \_\_\_\_\_

27) Maximum Size of Job Your firm Would Like to Perform \$ \_\_\_\_\_

Submitted By: \_\_\_\_\_

Title: \_\_\_\_\_