



# Subcontractor/Supplier Qualification Statement

## 1. GENERAL INFORMATION

Legal Name of Business: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## 2. TYPE OF WORK

- |                        |                          |                      |
|------------------------|--------------------------|----------------------|
| General Construction   | Misc. / Structural Steel | Flooring             |
| Demolition / Abatement | Metal Joists / Deck      | Paints and Coatings  |
| Earthwork / Utilities  | Rough Carpentry          | Specialties          |
| Asphalt Paving         | Architectural Woodwork   | Equipment            |
| Site Concrete          | Waterproofing            | Furnishings          |
| Landscaping            | Insulation               | Special Construction |
| Fences and Gates       | Roofing and Siding       | Conveying Equipment  |
| Reinforcing Steel      | Doors and Hardware       | Fire Suppression     |
| Concrete               | Specialty Doors          | Plumbing             |
| Precast Concrete       | Windows and Glass        | HVAC                 |
| Masonry                | Walls and Ceilings       | Electrical           |
| Other (please specify) |                          |                      |

## 3. ORGANIZATION

C- C-Corporation    S-Corporation    LLC    Partnership    Individual    Other

Name and Title of Owners, Officers and Principals	Years with Company	Percent of Ownership

## 4. LICENSING AND CERTIFICATIONS

Unified Business Identifier (UBI): \_\_\_\_\_  
 Federal Employer Identification Number (EIN): \_\_\_\_\_

Jurisdictions and trade categories in which your organization is legally qualified to do business (indicate Contractor License or Registration Number)

State	Trade Category	Registration or License Number

Certifications:    DBE         MBE         SBE         WBE         Other \_\_\_\_\_

**5. REVENUE**

Projected revenue for next year	20 _____	\$ _____
Projected revenue for this year	20 _____	\$ _____
Actual revenue for last year	20 _____	\$ _____
Actual revenue two years ago	20 _____	\$ _____
Actual revenue three years ago	20 _____	\$ _____

**6. CURRENT AND COMPLETED PROJECTS**

- [ ] Attach a list of your major contracts currently in progress. Provide project name, location, contract amount, percent complete, scheduled completion date, client name, contact name, and phone number.
- [ ] Attach a list of your major contracts completed within the last three (3) years. Provide project name, location, contract amount, completion date, client name, contact name, and phone number.

**7. EMPLOYEES**

Number of employees	Field	Shop	Office		Total
Currently working				=	
Previous three (3) year average				=	

**8. BANKING**

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Years with the Bank: \_\_\_\_\_  
Credit Line Amount: \_\_\_\_\_  
Amount Available on Credit Line: \_\_\_\_\_  
Expiration Date on Credit Line: \_\_\_\_\_

**9. BONDING**

Name of Bonding Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Years with the Bonding Agent: \_\_\_\_\_  
  
Name of Surety Company: \_\_\_\_\_  
Years with the Surety Company: \_\_\_\_\_  
  
Bond Capacity per Project: \_\_\_\_\_  
Aggregate Bond Capacity: \_\_\_\_\_  
Date of Last Bond Issued: \_\_\_\_\_

**10. TRADE REFERENCES**

Supplier Name: \_\_\_\_\_  
Location (City, State): \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Supplier Name: \_\_\_\_\_  
Location (City, State): \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

**11. CONTRACTOR REFERENCES**

Contractor Name: \_\_\_\_\_  
Location (City, State): \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
Location (City, State): \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

**12. SAFETY**

Does the firm have a corporate safety officer or department?       Yes       No

If yes, Name: \_\_\_\_\_ Title: \_\_\_\_\_

Does the firm have a controlled substance screening program?       Yes       No

Test for:     Pre-Employment       Accident       Random

Attach your OSHA Form 300A Summary of Work-Related Injuries and Illnesses for the past three (3) years.

List the firm's Worker's Compensation Insurance Experience Modification Rate (EMR) for the past three (3) years.

Current Year                      \_\_\_\_\_                      EMR:                      \_\_\_\_\_  
1<sup>st</sup> Year Prior                      \_\_\_\_\_                      EMR:                      \_\_\_\_\_  
2<sup>nd</sup> Year Prior                      \_\_\_\_\_                      EMR:                      \_\_\_\_\_

**Please click on the following and check after you have reviewed:**

- I have reviewed [Progress Billing and Payment Procedures](#) and will be able to conform.
- I have reviewed [Subcontractor Insurance Requirements](#) and will be able to conform.
- I have reviewed [Project Requirements](#) and will be able to conform.
- I have reviewed [Safety Provisions and Jobsite Work Rules](#) and will be able to conform.

*If unable to conform, please list the reason(s) why below:*

The undersigned, on behalf of the Subcontractor/Supplier, warrants and represents that the above and attached information is true and sufficiently correct so as not to be misleading.

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_  
(must be an officer or principal of the Company)

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