



## SUPPLEMENTAL SUBCONTRACTOR QUALIFICATION STATEMENT

By executing the attached form, the corporate officer further certifies under oath, that the information provided herein is also true and correct so as not to be misleading. Do not leave areas blank. If an item does not apply, please enter N/A.

### ORGANIZATION

1. Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_
2. Title: \_\_\_\_\_
3. Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
5. Website: \_\_\_\_\_
6. Number of Employees: \_\_\_\_\_
7. Chief Estimator: \_\_\_\_\_ Title: \_\_\_\_\_
8. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SAFETY

1. Does your company have a written safety program?  Yes  No
2. Does your company hold "Tool Box Talks" for employees?  Yes  No

### INSURANCE & BOND INFORMATION

3. **Attach** a certificate of insurance from your carrier that outlines ***all*** types of coverage carried ***and*** the limits.
4. If you have a bond line, list your surety company's name and rating according to "AM Best's" rating system (A+, A, Etc.)

\_\_\_\_\_

If you don't have a bond line, state N/A for items 8 and 9, and proceed to item 10.

5. Present Bonding Capacity – Aggregate: \$ \_\_\_\_\_
6. Current Amount Available – Aggregate: \$ \_\_\_\_\_
7. Bonding Capacity – Per Project Limit \$ \_\_\_\_\_
8. Payment & Performance Bond % \_\_\_\_\_%

**EXPERIENCE**

9. List 4 major projects that you have under contract or completed within the past five years. If you need more room, please attach an additional page.

Project: \_\_\_\_\_  
Date of Completion \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_  
General Contractor \_\_\_\_\_ Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Project: \_\_\_\_\_  
Date of Completion \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_  
General Contractor \_\_\_\_\_ Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Project: \_\_\_\_\_  
Date of Completion \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_  
General Contractor \_\_\_\_\_ Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Project: \_\_\_\_\_  
Date of Completion \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_  
Owner \_\_\_\_\_  
General Contractor \_\_\_\_\_ Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_

10. For three (3) of the projects listed above (re: item 4.5), identify a representative of the owner and a representative of the architect (provide name, phone/fax numbers) whom we could contact as references re: your organization's services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List the major constructions projects your organization has in progress, giving the name and location of project, the nature of your selection for the project and the service you are providing (general contractor with bid selection, construction manager with qualification selection and GMP, etc.), owner, architect, contract amount, percent complete and scheduled completion date.

\_\_\_\_\_  
\_\_\_\_\_

12. Largest jobs in the past three (3) years:

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

**MINORITY CLASSIFICATION**

13. Check **all** classifications that apply to your organization. **Attach** documentation from any local, state, or federal agency that certifies your firm as such.

African American Owned Business     Hispanic Owned Business     Disabled Veteran Owned Business  
 American Indian Owned Business     Woman Owned Business     HUB  
 Asian American Owned Business     Small Disadvantaged Business (SDB)     None of These Apply

CATEGORIES OF WORK

14. List the approximate annual percentages next to each industry that your firm is active

Residential	_____%	includes; single-family homes, condos, apartments, and assisted living centers			
Retail	_____%	includes; strip centers, theaters, out parcels, showrooms, dealerships, stores and restaurants			
Commercial	_____%	includes; offices buildings, banks, warehouses and distribution centers			
Healthcare	_____%	includes; inpatient facilities, outpatient facilities, medical offices and skilled nursing facilities			
Government	_____%	includes; courthouses, town halls, corporate centers, prisons and museums			
Hospitality	_____%	includes; hotels, motels, conference centers and theme parks			
Pharmaceutical	_____%	Heavy Industrial	_____%	Sports Complexes	_____%
K - 12	_____%	Higher Education	_____%	Transportation	_____%
Religious	_____%	Parking Decks	_____%	Military	_____%
Utilities	_____%	Other type(s) not listed (list type(s) _____ and %): _____			