



SUBCONTRACTOR'S QUALIFICATION FORM

Trade(s): _____ Date: _____

Name of Company: _____

Mailing Address: _____

City State ZIP Code

Shipping Address: _____

City State ZIP Code

Phone: _____ Point of Contact / Cell #: _____

FAX: _____ E-mail Address: _____

Owners/Officer: _____

Type of Entity: Sole Proprietorship Partnership Corporation Federal ID# _____

Contractor License / Certificate: # State Classification Years in Business: _____

Does your company qualify as a: Small Business Enterprise Woman Owned Small Dis-advantaged 8a Veteran Owned Service Disabled Veteran Owned HUB Zone

Has your company: Ever operated under another name? YES NO Ever failed to complete a project? YES NO Ever filed bankruptcy? YES NO

If "YES" Please Explain

Have your Principals: Ever worked for a company that failed to complete a project? YES NO Ever worked for a company that filed bankruptcy? YES NO

If "YES" Please Explain

Safety

List last three years Experience Modification Ratio (EMR) 2010 2009 2008

Resources & Bonding

What is company average annual volume for the last three years? \$ Average number of employees:

What is your company's current bonding capacity? Total \$ Single Project:\$

Name of Bonding Company _____

What is the largest contract ever performed? \$ Current value of work on hand: \$

Experience

Does your company have experience on similar projects? If yes, please list.

Project Name & Location Subcontract Amount: \$

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Requested Attachments – References & Financial Statement

Attach a list of References for the following: 1)General Contractors 2) Trade References 3) Bank References

Note: Please include a point of contact and their phone / fax numbers

Attach a copy of your audited financial statement.