

## 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: \_\_\_\_\_

### SCOPE OF WORK

List all Scopes of Work your company provides:

- 1.
- 2.
- 3.
- 4.
- 5.

### SAFETY

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

**INSURANCE & BOND INFORMATION**

- 8. **Attach** a certificate of insurance from your carrier that outlines **all** types of coverage carried **and** the limits.
  - 9. If you have a bond line, list your surety company's name and rating according to "AM Best's" rating system (A+, A, Etc.)
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If you don't have a bond line, state N/A for items 8 and 9, and proceed to item 10.

- 10. Present Bonding Capacity – Aggregate: \$ \_\_\_\_\_
- 11. Current Amount Available – Aggregate: \$ \_\_\_\_\_
- 12. Bonding Capacity – Per Project Limit \$ \_\_\_\_\_
- 13. Payment & Performance Bond % \_\_\_\_\_%

**EXPERIENCE**

- 14. 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 \_\_\_\_\_

- 15. 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 16. 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.  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**MINORITY CLASSIFICATION**

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> African American Owned Business | <input type="checkbox"/> Hispanic Owned Business            | <input type="checkbox"/> Disabled Veteran Owned Business |
| <input type="checkbox"/> American Indian Owned Business  | <input type="checkbox"/> Woman Owned Business               | <input type="checkbox"/> HUB                             |
| <input type="checkbox"/> Asian American Owned Business   | <input type="checkbox"/> Small Disadvantaged Business (SDB) | <input type="checkbox"/> None of These Apply             |

**CATEGORIES OF WORK**

19. 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 %): _____  |                         |