



**build : better**

## **Subcontractor Qualification Statement**

2018

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**Company Name and Address:**

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**Contact Information:**

Name:

Main Office:

Fax:

web:

**State License Number(s):**

**Jurisdictions Qualified to Work:**

**Contracting Specialty:**

**Type of Organization:**

**State of Inc.:**

**Tax ID:**

**Year Formed:**

**Is your firm union?**

**Yes No**

**Number of Full-Time Employees:**

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**Principal Officers**

**Position**

**Years with Company**

**Years in Business as a Contractor:**

**Previous Name:**

Date of Name Change:

## Financial Information

Has your organization ever failed to complete any work awarded to it?

YES

NO

Are there any judgements, claims, arbitration proceedings or suites pending or outstanding against your organization or its officers?

YES

NO

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

YES

NO

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

YES

NO

Total worth of work in progress and under contract:

Average size of projects:

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## Surety

What is your current bonding capacity, if any?

(Please include a letter from your bonding company confirming capacity if applicable)

## List 3 Recently Completed Projects:

1. Project Name:

Project Location:

Project Owner:

Your Scope of Work:

2. Project Name:

Project Location:

Project Owner:

Your Scope of Work:

3. Project Name:

Project Location:

Project Owner:

Your Scope of Work:

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## Safety Data Requirements

Has your firm had any OSHA Violations in the last five years? If Yes, please explain:

YES

NO

Company Safety Officer:

What is your current Worker's Compensation MOD?

(Please include verification of your Experience Modification Rating)

## List 3 References

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

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Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

## Signature

Dated this: \_\_\_\_\_

Name of Organization:

\_\_\_\_\_

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

(signature, title)

Please sign and return via email along with a sample copy of your insurance certificate, EMR letter, and letter from your bonding company. Email to: [info@foxarneson.com](mailto:info@foxarneson.com)