



# Subcontractor Qualification Statement

## Contact Information

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

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

Principle Contact: \_\_\_\_\_

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

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

## I. Employees (Avg Number over last 2 years)

Corporate and Satellite Office: \_\_\_\_\_

Field Construction Management: \_\_\_\_\_

Field Construction Staff: \_\_\_\_\_

## II. Financial Data

\*\*Please attach Audited Financial Statements for previous 2 years

Annual Revenue	Total Man Hours
2017 _____	2017 _____
2016 _____	2016 _____
2015 _____	2015 _____

Largest Contract Completed \_\_\_\_\_

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

Project Description: \_\_\_\_\_

Date Completed: \_\_\_\_\_

D & B # \_\_\_\_\_ Rating: \_\_\_\_\_

Surety: \_\_\_\_\_ Rate: \_\_\_\_\_

## III. Construction Experience

\*\*Please attach lists of the following items:

- |   |   |
|---|---|
| A. Current Projects Under Contract        | **Items A and B should include the following at a minimum |
| B. Projects completed in the last 2 years | 1. Location of project and Owner                          |
| C. List of 5 Construction References      | 2. Description of work performed                          |
|   | 3. Final Contract Value                                   |

## IV. Labor Affiliation (Check One)

Merit Shop     Union     Both

## V. Affiliated Programs (Check all that apply)

MBE     DBE     WBE    Other: \_\_\_\_\_

## VI. Qualified Project Locations

\*\*Please attach a list of work location and applicable license numbers for those locations

## VII. Safety Record (Section Must be Completed in Full)

\*\*Please attach a copy of your company's safety program for the current year

\*\*Please attach a copy of your company's OSHA 300 and 300-A logs

EMR	LTIR	TRIR	DART
2017 _____	2017 _____	2017 _____	2017 _____
2016 _____	2016 _____	2016 _____	2016 _____
2015 _____	2015 _____	2015 _____	2015 _____

OSHA Citations within the past 3 years: \_\_\_\_\_

Jobsite Fatalities within the past 3 years: \_\_\_\_\_

\*\*\*Please attach a detailed write up and corresponding corrective actions for all OSHA citations and/or jobsite fatalities from the past 3 Years

## VIII. Miscellaneous

- \*Please attach a sample Certificate of Insurance with your standard coverages
- \*Please provide any further pertinent information about your company and the services offered