

SUBCONTRACTOR QUALIFICATION STATEMENT

This form must be completed in full in order to be considered

Project Name: _____ **Project County:** _____
(If applicable) (If applicable)

1 Company Information:

Company Name _____ Number of years in business? _____
Address _____ Previous Year Sales: \$ _____
_____ FEIN # _____

2 General

Contact Name _____ Cell _____ Phone _____ Fax _____
Title _____ Email (mandatory) _____

Person authorized to sign Contracts, COs and POs _____

Type of entity: _____ Corporation _____ Partnership _____ Sole prop
_____ Union _____ Open Shop _____ Merit Shop

Geographic areas Company works: _____

Scopes of work Company performs: _____

3 Business Enterprise (Entity/Certified by):

Please check if your company has any of the following qualifications:

_____ MBE/SCOMSDC _____ DBE/DOT _____ WBE/WBENC
_____ SBE/COC _____ Other (Specify) _____ Section 3
Business

4 Ownership:

_____ Caucasian _____ African American _____ Female _____ Other (Specify)

5 Insurance Carriers:

Workers Comp _____ *General Liability _____ Auto _____

**See attached Model's insurance requirements*

6 Can your company secure a Payment/Performance Bond? _____ Yes _____ No

7 Safety:

Safety Manager _____
Phone Number _____
Email Address _____

8 Signature _____ Title _____ Date _____