

CONTRACTOR'S QUALIFICATION STATEMENT

Applicant Information

Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Contact Name: _____

E-Mail Address: _____

Business Description

Entity Type: Sole Proprietorship Corporation Partnership LLC Other

In Business Since: _____

Type of Work: _____

Do you Subcontract Work? YES NO

Do you have insurance? YES NO

General Liability expires ____ / ____

Workers Compensation expires ____ / ____

Current Insurance Carrier: _____

Insurance Carrier Contact: _____

Insurance Carrier Phone: _____

Can contractor bond? YES NO

Name of Bonding Agency: _____

Contact: _____

Phone: _____

Bonding Capacity: Single Job \$ _____ Aggregate:\$ _____

EXPERIENCE

List the categories of work that your organization normally performs with its own forces:

List current and prior projects on the attached form.

REFERENCES

Bank Reference:

Name: _____

Address: _____

Phone/Contact: _____

Please list five general contractors with whom your firm has worked for in the last year:

| Company Name | Contact | Phone Number | Project |
|--------------|---------|--------------|---------|
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Has Your organization ever failed to complete work awarded to you in the last five (5) years?. If so give please give an explanation.

Trade References:

| Company Name | Contact | Address | Phone |
|--------------|---------|---------|-------|
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