



SUBCONTRACTOR’S QUALIFICATION STATEMENT

Thank you for your interest in working with DivisionOne Construction. Please complete the following Subcontractor Qualifications and return to our office at bid@d1construction.com:

DATE: _____

SUBCONTRACTOR: _____

ADDRESS: _____

AUTHORIZED PERSON: _____

PHONE NUMBER: (____) _____

FAX NUMBER: (____) _____

CHECK ONE: Corporation _____ Partnership _____ Individual _____ Other _____

MINORITY BUSINESS ENTERPRISE: Yes _____ No _____

If yes, describe _____

TYPE OF WORK PERFORMED/ _____

CSI CLASSIFICATION: _____

DIVISIONONE CONSTRUCTION USE ONLY

Construction Approved: Yes _____ No _____

Financial Approved: Yes _____ No _____

Safety Approved: Yes _____ No _____



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A. ORGANIZATION

1. How many years has your organization been in business under its present name?

2. Under what other (or former) names has your organization operated and how long did your organization operate?

3. If your organization is a corporation, answer the following:

a. Date of incorporation: _____

b. State of incorporation: _____

c. President's name: _____

d. Vice President's name(s): _____

e. Secretary's name: _____

f. Treasurer's name: _____

4. If your organization is a partnership, answer the following:

a. Date of organization: _____

b. Type of partnership (if applicable): _____

c. Name(s) of general partner(s): _____

5. If your organization is individually owned, answer the following:

a. Date of organization: _____

b. Name of owner(s): _____

B. LICENSING

1. List jurisdictions and trade categories in which you are legally qualified to do business.



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C. EXPERIENCE AND FINANCIAL INFORMATION

1. Claims and Suits (if the answer to any of the questions below is yes, be specific):

a. Has your organization ever failed to complete any work awarded to it? If yes, please explain _____

b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? If yes, please explain

c. Has your organization filed any law suits or requested arbitration with regard to construction contracts in the last five years? If yes, please explain

d. 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? If yes, please explain _____

2. State annual amount of construction work performed during the past five years with most recent first.

	<u>Year</u>	<u>Amount</u>
1 st	_____	\$ _____
2 nd	_____	\$ _____
3 rd	_____	\$ _____
4 th	_____	\$ _____
5 th	_____	\$ _____

3. Attach a current financial statement, preferably audited, including your organization's latest balance sheet and income statement.

4. Please provide a sample copy of your organization's insurance certificates, including policy limits per Occurrence and Aggregate.



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D. REFERENCES

1. List three suppliers for credit references. (The Company name, address and complete phone and fax numbers MUST be included for this application to be processed).

Company: _____

Address: _____

Phone: _____ Fax: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

2. List major **K-12 SCHOOL** construction projects you have completed in the last five years (attach a separate sheet if needed):

Project Name and Location: _____

Contract Amount: _____

Completion Date (or % complete): _____

General Contractor: _____

GC Contact: _____ Title _____

GC Phone: _____ GC Fax: _____

Architect/Engineer: _____

A/E Contact: _____ Title _____

A/E Phone: _____ A/E Fax: _____



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Project Name and Location: _____

Contract Amount: _____

Completion Date (or % complete): _____

General Contractor: _____

GC Contact: _____ Title _____

GC Phone: _____ GC Fax: _____

Architect/Engineer: _____

A/E Contact: _____ Title _____

A/E Phone: _____ A/E Fax: _____

Project Name and Location: _____

Contract Amount: _____

Completion Date (or % complete): _____

General Contractor: _____

GC Contact: _____ Title _____

GC Phone: _____ GC Fax: _____

Architect/Engineer: _____

A/E Contact: _____ Title _____

A/E Phone: _____ A/E Fax: _____

Project Name and Location: _____

Contract Amount: _____

Completion Date (or % complete): _____

General Contractor: _____

GC Contact: _____ Title _____

GC Phone: _____ GC Fax: _____

Architect/Engineer: _____

A/E Contact: _____ Title _____

A/E Phone: _____ A/E Fax: _____



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3. List **OTHER** major construction projects you have completed in the last five years (attach a separate sheet if needed):

Project Name and Location: _____

Contract Amount: _____

Completion Date (or % complete): _____

General Contractor: _____

General Contractor Contact: _____ Title _____

GC Phone: _____ GC Fax: _____

Architect/Engineer: _____

A/E Contact: _____ Title _____

A/E Phone: _____ A/E Fax: _____

Project Name and Location: _____

Contract Amount: _____

Completion Date (or % complete): _____

General Contractor: _____

General Contractor Contact: _____ Title _____

GC Phone: _____ GC Fax: _____

Architect/Engineer: _____

A/E Contact: _____ Title _____

A/E Phone: _____ A/E Fax: _____



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Project Name and Location: _____

Contract Amount: _____

Completion Date (or % complete): _____

General Contractor: _____

General Contractor Contact: _____ Title _____

GC Phone: _____ GC Fax: _____

Architect/Engineer: _____

A/E Contact: _____ Title _____

A/E Phone: _____ A/E Fax: _____

4. Bonding Capacity:

Per Project: \$ _____ Aggregate: \$+ _____

Current Backlog: \$ _____

5. Name of Bonding Company (include phone number): _____

6. Name and address of agent (include phone number): _____



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NOTE: In order to process the references listed, the attached authorization form needs to be signed and titled by an authorized individual. Please sign the authorization line at the bottom of the form; we will complete the form when the references are contacted.

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

AUTHORIZED SIGNATURE:

Dated this _____ day of _____, 20____

Name of Organization: _____

By: _____

Name: _____

Title: _____



DIVISIONONE CONSTRUCTION

SUBCONTRACTOR SAFETY PRE-QUALIFICATION

Please submit your Experience Modification Rating (EMR) for the previous three years. Your insurance broker or workman's comp insurance company can provide you with this number. Please attach a letter from your insurance company that verifies this information:

_____	Year	_____
_____	Year	_____
_____	Year	_____

Please submit your completed OSHA 300 Log for each of the previous three years unless exempted by OSHA 1904 (1), (2), and (3).

Please submit a copy of your written safety program if available.

Please submit the name and phone number for the person responsible for safety issues within your organization.

NAME _____
PHONE # _____

Please list any OSHA, MOSH, VOSH, or other agency safety violations which have become final within the last three years.

Do you currently have any pending violations with any of the above mentioned agencies which have not been adjudicated?

