



**Subcontractor Qualification Statement**

Name		Date	
Address			
City, State, Zip			
Phone		Fax	
Trade (s)			
Year Established			
<input type="checkbox"/> Union		<input type="checkbox"/> Non Union	
Ownership (Check One)			
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other
Contractors Licenses			
State	No.	Type	
Geographic Area(s) Served			
Employees:			
Years of Experience in Trade (Average)			
Levels of Experience (Journeyman, Helper, etc.)			
Training Provided:			
No. of Crews Operating at one time:			
Insurance:			
Worker's Compensation Carrier:		Policy:	Experience Modifier:
General Liability Carrier:		Policy:	Limits      Occurrence
Auto Liability:		Policy:	Limits      Occurrence
Exemptions:			

Applicable Experience References			
Project	Scope/Value/Size	Contact	Phone

**Status**

1. Are you currently, or have you in the past five years, been involved with any litigation regarding workmanship involving homebuilding firms?  Yes  No

2. Are you currently, or have you in the past five years been involved with any litigation regarding injury?  Yes  No

3. Has your firm been terminated on any projects over the past three years?  Yes  No

4. Has this firm ever filed for bankruptcy reorganization?  Yes  No

5. Have any of the principals ever been associated with a previous business in this trade as principals where a bankruptcy has been filed?  Yes  No

If answer is yes to any of the above questions, please explain on separate sheet of paper.

**Safety**

Does your company have a Safety Manual and/or Program?  Yes  No

Safety Meetings conducted? (Weekly, Monthly, Quarterly?)  Yes  No

Meetings Documented?  Yes  No

Safety Violations: Please list if applicable

OSHA Ten Hour Course Required for Foremen?  Yes  No

Employee Screening  Yes  No      Drug Test  Yes  No      Criminal Background  Yes  No

On behalf of the above named company, the undersigned certifies that the information and responses provided herein are true, complete and accurate as of this date, and I am aware that any intentionally misrepresented or falsified information may result in disqualification and termination of current and future contracting opportunities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Office Review**

Has Subcontractor visited jobsite?  Yes  No

Notes:

By: