

800.642.6774

Subcontractor's Statement of Qualifications

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Consolidated Co. Inc. shall treat the contents of this Subcontractor's Statement of Qualifications as confidential.

Section 1: Organization Information

Company Name:		Contact Email:	
Company Phone:			
Company Home Address:		Company Website:	
Company Branch Address: (if different from above)			

Additional Company Information

Promotional Information: Attach brochure or promotional information.
(If you have multiple documents, combine before attaching.)

Type of Organization

Corporation: Yes No No Response

The following questions in red are required if your organization is a Corporation.

Date of Incorporation		State of Incorporation	
Execute Officer Name/Title		Address	
Execute Officer Name/Title		Address	
Execute Officer Name/Title		Address	
Execute Officer Name/Title		Address	

Partnership: Yes No No Response

The following questions in red are required if your organization is a Partnership.

Date of Organization		State of Organization	
Current General Partner Name/Title		Address	
Current General Partner Name/Title		Address	
Current General Partner Name/Title		Address	
Current General Partner Name/Title		Address	

Joint Venture: Yes No No Response

The following questions in red are required if your organization is a Joint Venture.

Date of Organization		State of Organization	
Managing/Controlling/Joint Venture		Address	
Managing/Controlling/Joint Venture		Address	
Managing/Controlling/Joint Venture		Address	
Managing/Controlling/Joint Venture		Address	

Limited Liability Company: Yes No No Response

The following questions in red are required if your organization is a Limited Liability Company.

Date of Organization		State of Organization	
Member Name		Address	
Member Name		Address	
Member Name		Address	
Member Name		Address	

Sole Proprietorship: Yes No No Response

The following questions in red are required if your organization is a Sole Proprietorship.

Date of Organization		State of Organization	
Owner Name		Address	
Owner Name		Address	
Owner Name		Address	
Owner Name		Address	

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In addition to the above categories of business entities, indicate if your organization is certified as any of the following.

Minority Information:			
Certifying Agencies			
Certifying Agency Name:		Phone:	
Certifying Agency Name:		Phone:	
Certifying Agency Name:		Phone:	

Section 2: Licensing and Registration

Licensing and Registration

Jurisdictions in which your company is legally qualified to conduct business.			
1) Issuing Authority:		Type:	
License Number:		Expiration:	
2) Issuing Authority:		Type:	
License Number:		Expiration:	
3) Issuing Authority:		Type:	
License Number:		Expiration:	
4) Issuing Authority:		Type:	
License Number:		Expiration:	
In the past three years from the signature date, has your company had any business or professional license suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	
If Yes, describe circumstances, including jurisdiction and bases for suspension or revocation.			

Section 3: Personnel and Management Approach

Key Construction Personnel

1.	Name:		Title:	
	Years with the Company:		Relevant Experience:	
	Construction Experience:		% of time Committed to the project:	
2.	Name:		Title:	
	Years with the Company:		Relevant Experience:	
	Construction Experience:		% of time Committed to the project:	
3.	Name:		Title:	
	Years with the Company:		Relevant Experience:	
	Construction Experience:		% of time Committed to the project:	
4.	Name:		Title:	
	Years with the Company:		Relevant Experience:	
	Construction Experience:		% of time Committed to the project:	
5.	Name:		Title:	
	Years with the Company:		Relevant Experience:	
	Construction Experience:		% of time Committed to the project:	

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List the types of work generally performed by your own workforce:	
Indicate criteria used in the selection of your Subcontractors (Select all that apply):	
If Other, describe:	
Do you plan to require your Subcontractors to be bonded on all projects:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
Do you plan Subcontractor Default Insurance for all projects to cover your Subcontractors:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
If necessary please describe your policy in regard to bonding policies of your Subcontractors:	
Describe your company's proposed technical and management approach to the Project, including assurances of high quality, timely completion and cost control:	
Attach a copy of your company's quality control plan, if available: (if you have multiple documents, combine before attaching)	

Section 4: Relevant Experience

Past Projects

List projects in the past three years that your company has performed the subcontract work (for Joint Ventures, list each joint venturer's projects separately). You are hereby giving permission to contract the parties involved in the relevant experience listed.

1) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Project Delivery Method:

Description:

2) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Project Delivery Method:

Description:

3) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Project Delivery Method:

Description:

4) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Project Delivery Method:

Description:

5) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Project Delivery Method:

Description:

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Current Projects

1) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Description:

2) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Description:

3) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Description:

4) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Description:

5) Project Name:

Reference / Contact:

Owner:

Contractor:

Contract Price:

Completion Date:

Location:

Description:

Annual Construction Volume

Indicate the annual volume of work completed for the past three years from the signature date:

Last Year	Two Years Ago	Three Years Ago

<i>In the past three years from the signature date, has your company defaulted, been terminated for cause or failed to complete a construction contract awarded to it?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
<i>If Yes, describe circumstances, including dates and owner, and if applicable, your company's surety.</i>	
<i>In the past three (3) years from the signature date has any officer, partner, joint venture or proprietor of your company ever failed to complete a construction contract awarded to that person or entity in their name or on behalf of another organization?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
<i>If Yes, describe circumstances, including dates and owner, and if applicable, surety. Describe all litigation arising from your company's active projects or projects worked on within the last three years from the signature date.</i>	

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Section 5: Safety Program

If your company has a written safety program, attach a copy:

(If you have multiple documents, combine before attaching.)

Does your company's safety program include instructions on the following:

- Safety Work Practices: Yes No No Response
 Safety Supervision: Yes No No Response
 Toolbox Safety Meetings: Yes No No Response
 Emergency Procedures: Yes No No Response
 First Aid Procedures: Yes No No Response
 Accident Investigation: Yes No No Response
 Fire Protection: Yes No No Response
 New Worker's Orientation: Yes No No Response

Do you have a safety office / department in your company?: Yes No No Response

If Yes, Provide the following information in red.

Safety Officer Name:

Safety Officer Title:

Safety Officer Phone:

Do you conduct project safety inspections? Yes No No Response

If Yes

How often?

Who conducts this inspection?

Safety Inspector Name:

Safety Inspector Title:

Do you hold safety meetings for field supervisors? Yes No No Response

If Yes, please attach a copy of the program format:

(If you have multiple documents, combine before attaching.)

If craft "toolbox" safety meeting are held, what is their frequency?

Do you have a drug and alcohol testing policy? Yes No No Response

If Yes, please attach a copy of the policy:

(If you have multiple documents, combine before attaching.)

Provide your company's OSHA No. 300A Summary of Occupational Injuries and Illnesses for the past three years		
Last Year	Two Years Ago	Three Years Ago

Upon request, your company shall provide a written copy of OSHA No. 300 log with reasonable promptness.

(If you have multiple documents, combine before attaching.)

List all OSHA Citations and Notifications of Penalty, monetary or other, received within the last three years. (Indicate final disposition as applicable.)		
Last Year	Two Years Ago	Three Years Ago

List all safety citations of violations under state law received within the last three years. (Indicate final disposition as applicable.)		
Last Year	Two Years Ago	Three Years Ago

List your company's Workers Compensation Experience Modification Rate (EMR) for the past three years. (The EMR may be obtained from your insurance agent.)		
Last Year	Two Years Ago	Three Years Ago

Attach a copy of the insurance agent's EMR verification letter:

(If you have multiple documents, combine before attaching.)

List your company's Total Recordable Frequency Rate (TRFR) for the past three years. (The TRFR may be obtained from your insurance agent.)		
Last Year	Two Years Ago	Three Years Ago

Attach a copy of the insurance agent's TRFR verification letter:

(If you have multiple documents, combine before attaching.)

List your company's total number of construction man hours worked for the past three years:		
Last Year	Two Years Ago	Three Years Ago

Comment on any additional areas of your company's safety program and policies that you feel will be appropriate in our evaluation.

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Section 6: Surety and Insurance

Surety Company Name:		Address:	
Surety Agent Name:		Address:	
Aggregate Bonding Capacity:		Bonding Limit per Project:	
Available Bonding Capacity as of this date:			
Can your company provide a bid bond? (if applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response	

Attach a copy of the Commercial General Liability Carrier and summary of liability coverage, including Deductibles:
(If you have multiple documents, combine before attaching.)

Section 7: Financial Information

Financial Statements	
Attach any available audited financial statements for the past three years, including latest balance sheet, containing but not limited to the following information (available unaudited financial statements should be included if audited statements are not available):	
Current Assets	Net Fixed Assets
Other Assets	Retained Earnings and Net Worth
Current Liabilities (i.e. accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)	Other Liabilities (i.e. capital, capital stock, authorized and outstanding shares, paid-up values, earned surplus)
Date of Statement	Name of the Firm Preparing Statement
(If you have multiple documents, combine before attaching.)	
<i>Balance Sheet:</i> (If you have multiple documents, combine before attaching.)	
Balance Sheet Prepared Internally?	
<i>Auditor's Statement:</i> (If you have multiple documents, combine before attaching.)	
State whether your company or any of the individuals identified in Section 1 has/have been the subject of any bankruptcy proceeding within the last three years.	
If Yes, describe circumstances.	

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Section 8: Industry Affiliations, Memberships, Awards and Honors

List Trade Unions or Associations with which your company has an Agreement:

Trade Unions or Associations:

List Affiliations or Memberships with which your company has an Agreement:

Affiliations or Memberships:

List any Industry Awards or Honors your company has earned:

Awards or Honors:

Section 9: Other Information

<p>Within the past three years, has your company or any of the individuals identified in Section 3: Personnel and Management Approach been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?</p>	
<p style="color: red;">If Yes, describe circumstances:</p>	
<p>Within the past three years, has your company or any of the individuals identified in Section 3: Personnel and Management Approach been the subject of any federal or state suspension or disbarment?</p>	
<p style="color: red;">If Yes, describe circumstances:</p>	
<p>Within the past three years, has your company or any of the individuals identified in Section 3: Personnel and Management Approach been the subject of any formal proceeding or consent order with a state or federal environmental agency involving a violation of state or federal environmental laws?</p>	
<p style="color: red;">If Yes, describe circumstances:</p>	

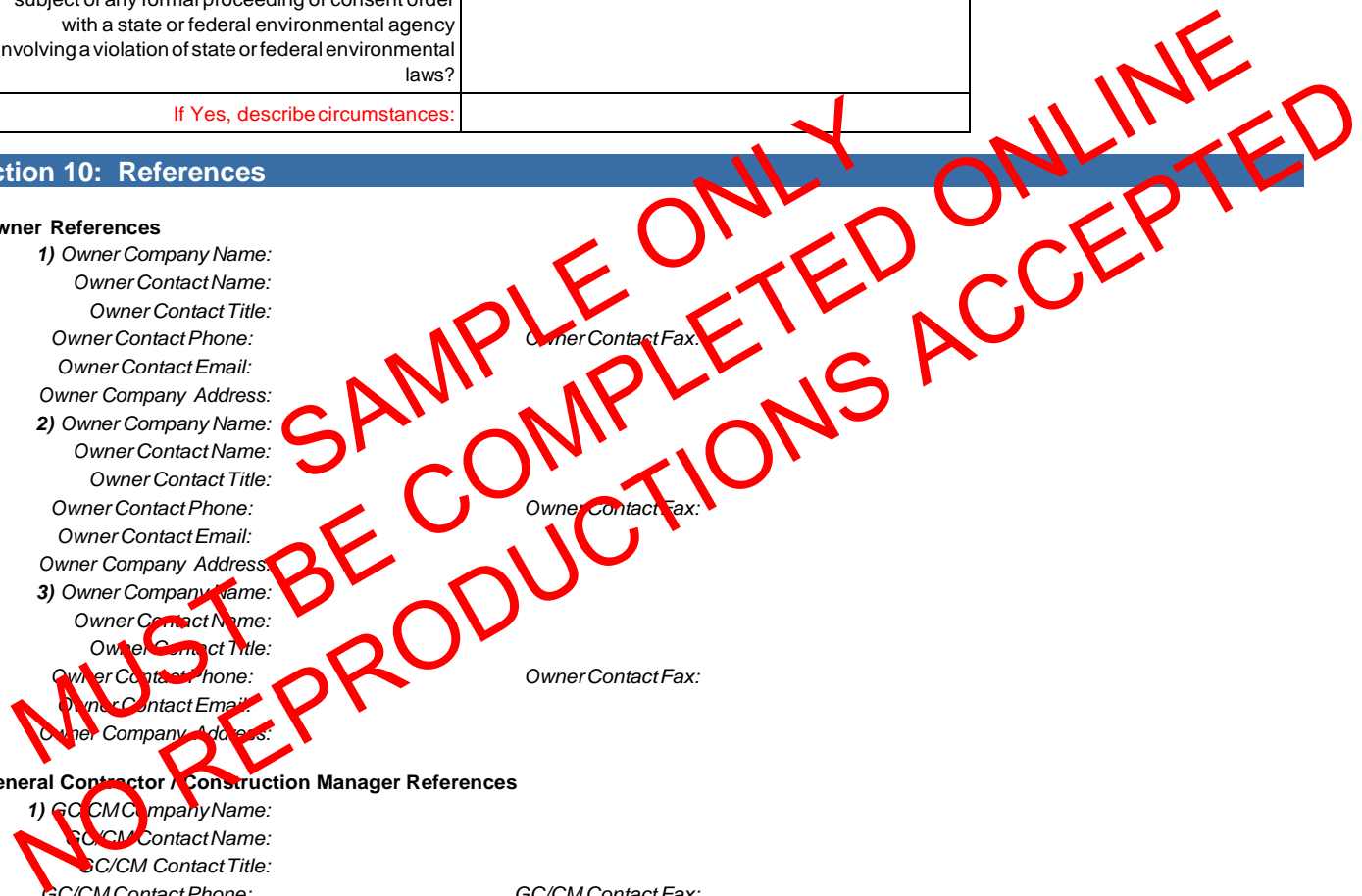
Section 10: References

Owner References

- 1) Owner Company Name:
 Owner Contact Name:
 Owner Contact Title:
 Owner Contact Phone: Owner Contact Fax:
 Owner Contact Email:
 Owner Company Address:
- 2) Owner Company Name:
 Owner Contact Name:
 Owner Contact Title:
 Owner Contact Phone: Owner Contact Fax:
 Owner Contact Email:
 Owner Company Address:
- 3) Owner Company Name:
 Owner Contact Name:
 Owner Contact Title:
 Owner Contact Phone: Owner Contact Fax:
 Owner Contact Email:
 Owner Company Address:

General Contractor / Construction Manager References

- 1) GC/CM Company Name:
 GC/CM Contact Name:
 GC/CM Contact Title:
 GC/CM Contact Phone: GC/CM Contact Fax:
 GC/CM Contact Email:
 GC/CM Company Address:
- 2) GC/CM Company Name:
 GC/CM Contact Name:
 GC/CM Contact Title:
 GC/CM Contact Phone: GC/CM Contact Fax:
 GC/CM Contact Email:
 GC/CM Company Address:
- 3) GC/CM Company Name:
 GC/CM Contact Name:
 GC/CM Contact Title:
 GC/CM Contact Phone: GC/CM Contact Fax:
 GC/CM Contact Email:
 GC/CM Company Address:



Architect / Engineer References

1) A/E Company Name:

A/E Contact Name:

A/E Contact Title:

A/E Contact Phone:

A/E Contact Fax:

A/E Contact Email:

A/E Company Address:

2) A/E Company Name:

A/E Contact Name:

A/E Contact Title:

A/E Contact Phone:

A/E Contact Fax:

A/E Contact Email:

A/E Company Address:

3) A/E Company Name:

A/E Contact Name:

A/E Contact Title:

A/E Contact Phone:

A/E Contact Fax:

A/E Contact Email:

A/E Company Address:

Supplier References

1) Supplier Company Name:

Supplier Contact Name:

Supplier Contact Title:

Supplier Contact Phone:

Supplier Contact Fax:

Supplier Contact Email:

Supplier Company Address:

2) Supplier Company Name:

Supplier Contact Name:

Supplier Contact Title:

Supplier Contact Phone:

Supplier Contact Fax:

Supplier Contact Email:

Supplier Company Address:

3) Supplier Company Name:

Supplier Contact Name:

Supplier Contact Title:

Supplier Contact Phone:

Supplier Contact Fax:

Supplier Contact Email:

Supplier Company Address:

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Section 11: Signature

Signature

The Undersigned, in behalf of your company, certifies under oath that the information provided herein, including any schedule or attachment, is true and sufficiently complete so as not to be misleading.

Signed By:

Signed By Title:

Signed Date: