



SUBCONTRACTOR STATEMENT OF QUALIFICATIONS

Company Name: _____

Address/City/State: _____

Estimate contact person & Title: _____

Phone : _____ Fax : _____

E-Mail Address: _____

Website Address: _____

1. List the work this company normally performs with its own forces: _____

2. How many years has company been in business under present name: _____

3. Has this company ever failed to complete any work awarded to it? _____

If yes, please explain: _____

4. Current jobs in progress: (attach additional sheets as needed)

Project & Address	Contractor or Owner	Phone Number	Bonded?	Contract Amount	% Complete
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5. Jobs completed in last 5 years, similar to the work now bid for: (attach additional sheets as needed)

Project & Address	Contractor or Owner	Phone Number	Bonded?	Contract Amount	% Complete
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6. Other experience qualifying you for the work bid: _____

7. List banking references:

<u>Bank</u>	<u>Contact Person</u>	<u>Telephone</u>
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8. Credit references, including major suppliers you would likely utilize on this project.

<u>Vendor Name</u>	<u>Items Provided</u>	<u>Contact Person</u>	<u>Telephone Number</u>
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9. Please attach a letter from your bonding company stating that you can bond this project for the amount of your bid, as well as your total and unused bonding capacity.

10. Approximate sales volume for the past three years:

20____	_____
20____	_____
20____	_____

11. Largest project completed in the last three (3) years: \$_____

12. Minority Business Enterprise? **YES () NO ()** If yes, please provide copy of certifications.

13. Woman Business Enterprise? **YES () NO ()** If yes, please provide copy of certifications.

14. Experience Modification Rating (EMR):

20 _____
20 _____
20 _____

15. Do you have any objections if we contact your previous clients or credit references? **YES () NO ()**

16. Are you willing to provide a current financial statement if required for award? **YES () NO ()**

17. Are you a member of the St. Louis AGC? **YES () NO ()**

Name of Organization

BY: _____
Signature Printed Name

TITLE: _____

DATE: _____