



Subcontractor Qualification Statement

Company Name: _____

Mailing Address: _____

City/St/Zip: _____ **Contact Person:** _____

Telephone #: _____ **Fax #:** _____

Website: _____ **E-mail:** _____

Type of Company: Corp. _____ LLC _____ Partnership _____ Sole Proprietor _____

Officer(s), Partner(s) or Owner(s) of the Company (please list their title):

Federal Employer Identification Number or your social security number: _____

Please list the type work that you perform (brief description or CSI number):

Licenses under which you operate: _____

Please list the \$ size of projects in which you would be interested: _____

Years in business under present name: _____ Average volume the past three years: _____

Has your firm failed to complete a contract within the past twenty (20) years? _____

Has your firm filed for Bankruptcy or Reorganization within the past twenty (20) years? _____

Has your firm been directly involved in litigation within the past five (5) years? _____

Please provide details if any of the previous three questions were yes.



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Bonding

Bondable: Yes _____ No _____ **If yes, what is your bond rate?** _____

Surety Company: _____

Agent Company: _____ Phone: _____

City: _____ State: _____ Contact: _____

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

Insurance

Insurance Company: _____

Agent Company: _____ Phone: _____

City: _____ State: _____ Contact: _____

Please confirm that Albritton Williams, Inc. will be listed as an 'Additional Insured' on your policy _____

Does your insurance include a 'Completed Operations' endorsement (GC 20 10 11 85 or equivalent)? _____

Note: A minimum of \$1,000,000 General Liability coverage is required

Financial

Bank: _____ Phone: _____

City: _____ State: _____ Contact: _____

Is your firm a registered Minority Business Enterprise? _____

If so, what public agencies is your firm listed with (please furnish your certificates):



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Three Credit References

Name: _____ Phone: _____

City: _____ State: _____ Contact: _____

Name: _____ Phone: _____

City: _____ State: _____ Contact: _____

Name: _____ Phone: _____

City: _____ State: _____ Contact: _____

Three Work References

Projects completed within the past three years

Name: _____ Phone: _____

City: _____ State: _____ Contact: _____

Project: _____

Contract Amount: _____

Name: _____ Phone: _____

City: _____ State: _____ Contact: _____

Project: _____

Contract Amount: _____

Name: _____ Phone: _____

City: _____ State: _____ Contact: _____

Project: _____

Contract Amount: _____