

# SUBCONTRACT BIDDER QUALIFICATIONS STATEMENT



221 Industrial Park Drive  
Perry, GA 31069

Ph: 478-987-5544 F: 478-987-5536

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

## CONTACT INFORMATION

Name of Organization \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone:(\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address of Contact: \_\_\_\_\_

## GENERAL INFORMATION

Form of Organization: \_\_\_\_\_  
(Corporation, Partnership, LLC, LLP, Sole Proprietor)  
Work Specialty: \_\_\_\_\_  
Year Founded: \_\_\_\_\_ State: \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_  
How many years has your organization been in business as a Subcontractor? \_\_\_\_\_  
How many years has your organization been in business under its present name? \_\_\_\_\_  
Former name(s) of organization? (if applicable) \_\_\_\_\_  
Is your organization authorized to conduct business in Georgia by the Secretary of State? \_\_\_\_\_  
Is the organization a certified *circle type*: DBE/MBE/WBE? If yes, Certificate #: \_\_\_\_\_  
Is your primary trade required to be licensed in Georgia? \_\_\_\_\_ If yes, License #: \_\_\_\_\_  
Is the organization in compliance with EEO Requirements?  YES  NO  
Is the organization in compliance with State and Federal Immigration Requirements?  YES  NO  
Total permanent employees: \_\_\_\_\_; which includes \_\_\_\_\_ office staff and \_\_\_\_\_ field personnel.  
Does the organization have in-house fabrication capability?  YES  NO  
Fabrication Floor Area \_\_\_\_\_ S.F.  
Approximate Value of Equipment Owned by Company: \$ \_\_\_\_\_

## FINANCIAL INFORMATION

Value of Work currently under contract: \$ \_\_\_\_\_  
Total Work in place last year: \$ \_\_\_\_\_  
Value of Work currently bonded: \$ \_\_\_\_\_  
Bonding Capacity: (Total) \$ \_\_\_\_\_  
Bonding Capacity: (per project) \$ \_\_\_\_\_  
Bonding Company/Surety Underwriter: \_\_\_\_\_  
Bonding Agent & Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

## PERFORMANCE INFORMATION

Provide evidence of Experience Modification Rate (EMR) average over the last (3) years \_\_\_\_\_.  
(This information may be obtained from your insurance provider).

- Has the organization or any of its owners, officers, or stockholders ever:
- Failed to complete a contract or subcontract?  YES  NO
  - Been involved in a Bankruptcy or Reorganization?  YES  NO
  - Been assessed Liquidated Damages on any project?  YES  NO
  - Been involved in litigation with a Contractor, Owner or Architect?  YES  NO
  - Been the subject of a criminal investigation?  YES  NO

**Please attach a detailed explanation for any of the above for which "YES" was the answer.**

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## CURRENT PROJECTS

Provide the following information for all projects which you currently have under contract:

(1)	_____	_____	\$ _____	_____
	Project Name/Location	General Contractor	Contract Amount	% Complete
(2)	_____	_____	\$ _____	_____
	Project Name/Location	General Contractor	Contract Amount	% Complete
(3)	_____	_____	\$ _____	_____
	Project Name/Location	General Contractor	Contract Amount	% Complete
(4)	_____	_____	\$ _____	_____
	Project Name/Location	General Contractor	Contract Amount	% Complete

## SIMILAR PROJECTS

Provide information for 3 recent projects most similar in subcontract scope to our project:

(1)	_____	_____	\$ _____	_____
	Project Name/Location		Contract Amount	Date Completed ( )
	General Contractor	Contact Name	Contact Title	Contact Phone No.
(2)	_____	_____	\$ _____	_____
	Project Name/Location		Contract Amount	Date Completed ( )
	General Contractor	Contact Name	Contact Title	Contact Phone No.
(3)	_____	_____	\$ _____	_____
	Project Name/Location		Contract Amount	Date Completed ( )
	General Contractor	Contact Name	Contact Title	Contact Phone No.

## REFERENCES

Provide contact information for the following minimum references:

INSURANCE AGENT	Company	( ) Phone No.
BANK REFERENCE	Company	( ) Phone No.
CREDIT REFERENCE #1	Company	( ) Phone No.
CREDIT REFERENCE #2	Company	( ) Phone No.

**I hereby certify that the information provided above is true and complete to the best of my knowledge.**

\_\_\_\_\_  
SIGNATURE OF OWNER, OFFICER, OR STOCKHOLDER

\_\_\_\_\_  
PRINTED NAME & TITLE