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**COMPANY QUALIFICATIONS STATEMENT**

*The submitting party certifies that the information provided herein is true and complete.*

Company Name: \_\_\_\_\_

Company Webpage: \_\_\_\_\_

Main Office Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**1. ORGANIZATION**

1.1 Type of Company (check all that apply)

- Subcontractor (Material and Installation)
- Vendor (Material Only)
- Architect
- Engineer
- Consultant
- Client

1.2 Construction Work Type (check all that apply)

- Multifamily and Residential
- Industrial and Manufacturing
- Medical
- Office
- Education
- Utilities and Treatment
- Retail
- Public
- Highways and Bridges
- Parking Structures
- Sports and Leisure

1.3 Enter the potential contract amount for the scope of work that your company is interested in pursuing (check all that apply)

- \$0 to \$250,000
- \$250,001 to \$500,000
- \$500,001 to \$1,000,000
- \$1,000,001 to \$5,000,000
- \$5,000,001 to \$10,000,000
- Above \$10,000,001

1.4 How many years has your organization been in business? \_\_\_\_\_

1.5 How many years has your organization been in business under its present name? \_\_\_\_\_

1.5.1 Under what other or former names has your organization operated?

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1.6 Company Status

- Corporation
- Individual
- Partnership
- Joint Venture

1.7 If your organization is a corporation, answer the following:

1.7.1 Date of Incorporation: \_\_\_\_\_

1.7.2 State of Incorporation: \_\_\_\_\_

1.7.3 President's Name: \_\_\_\_\_

1.7.4 Vice President's Name: \_\_\_\_\_

1.7.5 Secretary's Name: \_\_\_\_\_

1.7.6 Treasurer's Name: \_\_\_\_\_

1.8 If your organization is a partnership, answer the following:

1.8.1. Date of Organization: \_\_\_\_\_

1.9.2 Type of partnership (if applicable): \_\_\_\_\_

1.9.3 Name(s) of general partner(s): \_\_\_\_\_

1.9 If your organization is individually owned, answer the following:

1.9.1 Date of organization: \_\_\_\_\_

1.9.2 Name of Owner: \_\_\_\_\_

1.10 If your organization is a Joint Venture, describe it and name the principals.

**2. LICENSING & TRADES**

2.1 Select states in which your organization is legally qualified to do business. Please select **all** that apply:

<u>State</u>	<u>License No.</u>	<u>State</u>	<u>License No.</u>
<input type="checkbox"/> Alaska – AK	_____	<input type="checkbox"/> North Carolina – NC	_____
<input type="checkbox"/> Alabama – AL	_____	<input type="checkbox"/> North Dakota – ND	_____
<input type="checkbox"/> Arkansas – AR	_____	<input type="checkbox"/> Nebraska – NE	_____
<input type="checkbox"/> Arizona – AZ	_____	<input type="checkbox"/> New Hampshire – NH	_____
<input type="checkbox"/> California – CA	_____	<input type="checkbox"/> New Jersey – NJ	_____
<input type="checkbox"/> Colorado – CO	_____	<input type="checkbox"/> New Mexico – NM	_____
<input type="checkbox"/> Connecticut – CT	_____	<input type="checkbox"/> Nevada – NV	_____
<input type="checkbox"/> District of Columbia – DC	_____	<input type="checkbox"/> New York – NY	_____
<input type="checkbox"/> Delaware – DE	_____	<input type="checkbox"/> Ohio – OH	_____
<input type="checkbox"/> Florida – FL	_____	<input type="checkbox"/> Oklahoma – OK	_____
<input type="checkbox"/> Georgia – GA	_____	<input type="checkbox"/> Oregon – OR	_____
<input type="checkbox"/> Hawaii – HI	_____	<input type="checkbox"/> Pennsylvania – PA	_____
<input type="checkbox"/> Iowa – IA	_____	<input type="checkbox"/> Rhode Island – RI	_____
<input type="checkbox"/> Illinois – IL	_____	<input type="checkbox"/> South Carolina – SC	_____
<input type="checkbox"/> Indiana – IN	_____	<input type="checkbox"/> South Dakota – SD	_____
<input type="checkbox"/> Kansas – KS	_____	<input type="checkbox"/> Tennessee – TN	_____
<input type="checkbox"/> Kentucky – KY	_____	<input type="checkbox"/> Texas – TX	_____
<input type="checkbox"/> Louisiana – LA	_____	<input type="checkbox"/> Utah – UT	_____
<input type="checkbox"/> Massachusetts – MA	_____	<input type="checkbox"/> Virginia – VA	_____
<input type="checkbox"/> Maryland – MD	_____	<input type="checkbox"/> Vermont – VT	_____
<input type="checkbox"/> Maine – ME	_____	<input type="checkbox"/> Washington – WA	_____
<input type="checkbox"/> Michigan – MI	_____	<input type="checkbox"/> Wisconsin – WI	_____
<input type="checkbox"/> Missouri – MO	_____	<input type="checkbox"/> West Virginia – WV	_____
<input type="checkbox"/> Mississippi – MS	_____	<input type="checkbox"/> Wyoming – WY	_____
<input type="checkbox"/> Montana – MT	_____		

2.2 List any additional jurisdictions and license numbers in which your organization is legally qualified to do business.

2.3 List all Divisions/Trades you perform (e.g. 15-000 Mechanical):


2.4 Please check each of the following that applies to your organization:

<b>Business Type</b>	<b>Certification No. (if applicable)</b>
<input type="checkbox"/> Minority Owned Small Business	
<input type="checkbox"/> Women-Owned Small Business	
<input type="checkbox"/> Veteran-Owned Small Business	
<input type="checkbox"/> Service-Disabled Veteran-Owned Small Business	
<input type="checkbox"/> SBA HUBZone Certified Business	
<input type="checkbox"/> SBA 8(a) Certified Business	
<input type="checkbox"/> Disadvantaged Business	
<input type="checkbox"/> Small Business	
<input type="checkbox"/> Other	

**3. EXPERIENCE**

3.1 List your company's annual volume for the past five (5) years:

<b>Year</b>	<b>Volume</b>
20__	\$ _____
20__	\$ _____
20__	\$ _____
20__	\$ _____
20__	\$ _____



3.2 List your company's largest contract to date:

3.2.1 Job Name: \_\_\_\_\_

3.2.2 Value: \_\_\_\_\_

3.2.3 Date Completed: \_\_\_\_\_

3.3 State total worth of work in progress and under contract to date:

3.3.1 Total work under contract and in progress: \_\_\_\_\_

3.3.2 Total work under contract and not yet started: \_\_\_\_\_

3.4 List at least two (2) major construction projects your organization **currently** has in progress:

Project Name:		Project Location:
Owner:	GC:	GC Contact:
Architect:	Contract Amount:	Schedule Completion Date:

Project Name:		Project Location:
Owner:	GC:	GC Contact:
Architect:	Contract Amount:	Schedule Completion Date:

*\*Attach any additional projects.*

3.5 List at least two (2) major projects your company has **completed** in the past five (5) years:

Project Name:		Project Location:
Owner:	GC:	GC Contact:
Architect:	Contract Amount:	Schedule Completion Date:

Project Name:		Project Location:
Owner:	GC:	GC Contact:
Architect:	Contract Amount:	Schedule Completion Date:

*\*Attach any additional projects.*



3.6 List up to two (2) projects your organization currently has in progress and/or the most recent projects your organization has **completed with Military & Federal Construction**:

Project Name:	Project Location:
Contract Amount:	Completion Date:
MFCC Project Manager (if applicable):	MFCC Superintendent (if applicable):

Project Name:	Project Location:
Contract Amount:	Completion Date:
MFCC Project Manager (if applicable):	MFCC Superintendent (if applicable):

3.7 List total number of field employees that your company currently employs: \_\_\_\_\_

3.8 List total number of office employees that your company currently employs: \_\_\_\_\_

3.9 What percentage of work does your company perform with its own force: \_\_\_\_\_

3.10 List the categories/trades of work that your organization normally self performs:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3.11 Provide worker's compensation experience modification rate for the past five (5) years (obtained from your insurance company):

20\_\_ \_\_\_\_\_  
20\_\_ \_\_\_\_\_  
20\_\_ \_\_\_\_\_  
20\_\_ \_\_\_\_\_  
20\_\_ \_\_\_\_\_

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3.12 Does your company have an OSHA compliant safety program?

Yes  No

3.13 Has your company received any OSHA citations within the last three (3) years?

Yes  No

If you answered "yes," please provide the following information:

3.13.1 OSHA Inspection Activity Number: \_\_\_\_\_

3.13.2 Date of Inspection: \_\_\_\_\_

3.13.3 Brief Description of Citation: \_\_\_\_\_

3.13.4 Monetary Penalty: \_\_\_\_\_

3.14 Provide a breakdown of the total number of recordable injury and illness cases that occurred during the year:

3.14.1 Total number of deaths: \_\_\_\_\_

3.14.2 Total number of cases with days away from work: \_\_\_\_\_

3.14.3 Total number of cases with job transfer or restriction: \_\_\_\_\_

3.14.4 Total number of other recordable cases: \_\_\_\_\_

3.15 Attach a copy of the OSHA 300A Summary of Work-Related Injuries and Illnesses.

3.16 Does your company have a Drug Abuse Policy, which includes pre-hire, random, and post-accident drug test?

Yes  No

3.17 Does your company employ a Safety Director?

Yes  No

3.18 Claims and Suits. *(If the answer to any of the following questions is yes, please attach details.)*

3.18.1 Has your organization ever failed to complete any work awarded to it?

Yes  No

3.18.2 Are there any judgments, claims, arbitration proceedings or suit pending or outstanding against your organization or its officers?

Yes  No

3.18.3 Has your organization filed any lawsuits or required arbitration with regard to construction contracts within the last five (5) years?

Yes  No



3.19 Within the last five (5) years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?  
(If the answer is yes, please attach details.)

Yes

No

**4. REFERENCES**

4.1 Trade References:

Firm Name:	
Contact:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Firm Name:	
Contact:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Firm Name:	
Contact:	
Address:	
City, State, Zip:	
Phone:	
Email:	

4.2 Financial Institution References:

Financial Institution:	
Contact:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Financial Institution:	
Contact:	
Address:	
City, State, Zip:	
Phone:	
Email:	

4.3 Is your company capable of providing a payment and performance bond equal to 100% of the contract amount? (If "no," 4.4, 4.5, 4.6, 4.7 do not apply.)

Yes                       No

4.4 Bond Premium (% to add to contract amount based on \$1,000,000 contract): \_\_\_\_\_

4.5 State the name and rating of your bond company.

Surety Company:	
Contact:	
Address:	
City, State, Zip:	
Phone:	
Rating:	

4.6 State the name of your bonding agent and your bonding capacity.

Company:	
Contact:	
Address:	
City, State, Zip:	
Phone:	
Aggregate Bonding Capacity:	
Single Project Bonding Capacity:	
Current Bond Capacity:	

4.7 Provide a letter from your surety company acknowledging that your firm would be provided performance and payment bonds for future projects and the total aggregate and single project bonding capacity available for your firm.

**5. FINANCIAL INFORMATION**

5.1 Dun & Bradstreet Business Rating: \_\_\_\_\_

**6. ADDITIONAL INFORMATION**

6.1 Enter additional information here: