



SUBCONTRACTOR QUALIFICATION STATEMENT

SUBCONTRACTOR INFORMATION

Project Name _____

Company Name _____ Website _____

Address _____

Contact Name _____

Title _____ Email _____

Phone _____ Fax _____

Years in Business _____ FEIN # _____ D&B # _____

Type of Entity: Corporation Partnership Sole Proprietor LLC Other

Under what previous names has your Company operated? _____

List geographic areas where Company performs work: _____

List all trades performed including Design-Build experience: _____

List \$ Range of work Company can perform:

\$50K \$100-\$500K \$500-\$1MM \$1MM-\$5MM \$ > \$5MM

Company affiliation: _____ Union _____ Open Shop _____ Merit Shop

Is your firm currently certified as an EDGE, SBE, MBE, WBE, DBE, VOSB or PEP? Circle all that apply. Yes No

If yes, attach a copy of your certification:

Can you provide full time superintendent/supervisor on the project site if required? Yes No

CLIENT REFERENCES:

List three (3) of your largest projects your company has in progress or has completed in the past 12 months.

1. Project Name _____

Contract Amount _____ General Contractor Name _____

Project Superintendent _____ Trades Performed _____

Scheduled Completion Date _____ Date of Completion: _____

2. Project Name _____

Contract Amount _____ General Contractor Name _____

Project Superintendent _____ Trades Performed _____

Scheduled Completion Date: _____ Date of Completion: _____

3. Project Name _____

Contract Amount _____ General Contractor Name _____

Project Superintendent _____ Trades Performed _____

Scheduled Completion Date _____ Date of Completion: _____

SUPPLIER REFERENCES:

Company Name _____

Contact _____ Phone _____

Company Name _____

Contact _____ Phone _____

INSURANCE CARRIERS:

Insurer _____

Agent Name _____ Phone _____

General Liability Limits each occurrence _____

General Aggregate _____

Automobile Liability combined single limit _____

Umbrella Liability Yes No If yes, limit amount _____

** Provide a copy of Certificate of Liability Insurance and Workers' Compensation Certificate*

CAN YOUR COMPANY SECURE A BOND? Yes No

Name of Surety _____

Bonding Capacity _____

Has your company ever failed to complete any work in the past 5 years? Yes No

Are there any judgments, claims, or arbitration proceedings or suits outstanding against your firm or its owners or officers within the past 5 years? Yes No

Has your Company filed any lawsuits or arbitration with regard to contracts within the past 5 years? Yes No

If yes to any, attach detailed explanation and outcome.

Do you have a written **Safety Program**: Yes No

Do you have a written **Drug Free Workplace Program**? Yes No

**Send completed form to KWogoman@WENCOconstruction.com or fax 937-849-9221
If you have any questions, contact Kevin Wogoman at the email above or call 937-849-6002**