



SUBCONTRACTOR’S QUALIFICATION STATEMENT

General Description of Work:

Please answer the following questions in the order listed. Include the questions with your response in the desired format in which you wish to present your information.

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED TO: CT Darnell Construction

COMPANY NAME	
EMPLOYER IDENTIFICATION NUMBER	
PRIOR EXPERIENCE WITH CTD (IF YES, PROVIDE YEAR OF LAST PROJECT)	
STREET ADDRESS	
CITY, STATE, ZIP CODE (STREET ADDRESS ONLY)	
POST OFFICE BOX	
CITY, STATE, ZIP CODE (POST OFFICE BOX ONLY)	
PHONE NO	
FAX NO	
CONTACT	
EMAIL ADDRESS	
COMPANY WEB ADDRESS	
SUBMITTED BY	
PRINCIPAL OFFICE	

TYPE OF WORK

- Subcontractor
- Vendor
- Manufacturer
- Consultant
- Other

TYPE OF COMPANY

- Corporation
- Partnership
- Individual
- Joint Venture
- Other

1. ORGANIZATION

- 1.1 How many years has your organization been in business as a Subcontractor?
- 1.2 How many years has your organization been in business under its present business name?

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

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

1.3.1 Date of incorporation: _____

1.3.2 State of incorporation: _____

1.3.3 Company Officers: (Name and Title/Position)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

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

1.4.1 Date of organization: _____

1.4.2 Type of partnership (if applicable): _____

1.4.3 Name(s) of general partner(s):

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

1.5.1 Date of organization: _____

1.5.2 Name of owner: _____

1.6 If the form of your organization is other than those listed above, describe it and name the principals:

2. SAFETY

2.1 Provide worker compensation experience modification rate for the past five (5) years:

YEAR	RATE	CARRIER
2014		
2015		
2016		
2017		
2018		

2.2 Provide number of OSHA Citations for the past five (5) years:

YEAR	CITATIONS	REASONS
2014		
2015		
2016		
2017		
2018		

2.3 Provide Loss Time Incident Rates for the past five (5) years:

YEAR	RATE
2014	
2015	
2016	
2017	
2018	

2.4 Provide Recordable Incident Rates for the past five (5) years:

YEAR	RATE
2014	
2015	
2016	
2017	
2018	

2.5 Provide Employee Hours Worked for the past five (5) years:

YEAR	RATE
2014	
2015	
2016	
2017	
2018	

3. LICENSING

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable. *Please use the attached checklist to complete.*

3.1 List jurisdictions in which your organization’s partnership or trade name is filed.

3.1.1 If different from above please identify states in which your company pursues work.

3.2 Please check each of the following that applies to your organization:
(List the Certify Agency and the Certification No.)

- 4.2.1 Minority _____
- 4.2.2 Woman Owned _____
- 4.2.3 Disadvantaged _____
- 4.2.4 Veteran _____
- 4.2.5 Small Business _____
- 4.2.6 Other (specify) _____

4. EXPERIENCE

4.1 List the categories of work that your organization normally self performs:

4.2 Claims and Suits.

(If the answer to any of the questions below is yes, please attach details.)

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

4.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? _____

4.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?_ _____

4.3 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.) _____

4.4 List major construction projects your organization currently has in progress:

PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:

PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:

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OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:

PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:

PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:

*** Attach any additional projects.**

4.5 State total value of work under contract and work under contract remaining to be completed to date: _____

4.5.1 Total value of work under contract: _____

4.5.2 Total value of work under contract remaining to be completed (i.e. backlog) : _____

4.6 State your projected revenues for the next 12 months:

4.7 List the major projects your organization has completed in the past five (5) years:

PROJECT NAME:	GENERAL CONTRACTOR:	JOB AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	WORK PERFORMED:
PROJECT NAME:	GENERAL CONTRACTOR:	JOB AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	WORK PERFORMED:
PROJECT NAME:	GENERAL CONTRACTOR:	JOB AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	WORK PERFORMED:
PROJECT NAME:	GENERAL CONTRACTOR:	JOB AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	WORK PERFORMED:
PROJECT NAME:	GENERAL CONTRACTOR:	JOB AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	WORK PERFORMED:

*** Attach any additional projects.**

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

<u>Year</u>	<u>Volume</u>
2014	_____
2015	_____
2016	_____
2017	_____
2018	_____

4.9 List your company's largest contract to date:

Job Name: _____
 Value: _____
 Date Completed: _____

4.10 Please enter the project value range for the scope of work that your company is interested in pursuing.

4.10.1 Project Size min \$ _____

4.10.2 Project Size max \$ _____

5. REFERENCES

5.1 Trade References:

FIRM:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	
FIRM:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	
FIRM:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	

5.2 Bank References:

BANK:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	
BANK:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	

Please provide a current letter from the Surety Company and ask that the surety agent specifically certify any open performance bond claims and length of relationship.

5.3 State the name and rating of your bonding company.

SURETY COMPANY:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	RATING:

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

BONDING AGENT:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	TOTAL AGGREGATE BONDING CAPACITY:
		SINGLE PROJECT BONDING CAPACITY:

6. FINANCIAL INFORMATION

Please provide the following:

- 6.1 Last two fiscal year-end financial statements to include CPA letter, balance sheet, income statement, cash flow, and any notes to the financial statements. Current interim statements (to include balance sheet and income statement at a minimum) if last fiscal year end is over six months old.
- 6.2 Current credit lines; indicate total amounts of lines of credit as well as what is currently outstanding.

7. SIGNATURE

Dated at _____ this _____ day of _____, 2019.

Name of Organization: _____

By: _____

Title: _____

Mr./Ms. _____ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this ___ day of _____, 2019

Notary Public: _____

My Commission Expires: _____

Attachment A: CSI Codes

Please mark all scopes of work you perform.

02016	Blasting		06100	Lumber and Plywood		10536	Awnings
02050	Demolition		06110	Wood Framing - Subs		10550	Postal Specialties
02125	Environmental Services		06190	Wood Trusses		10605	Wire Mesh Partitions
02140	Dewatering		06400	Arch Woodwork and Millwork		10615	Demountable Partitions
02150	Sheeting and Shoring		06450	Standing and Running Trim		10650	Operable Partitions
02164	Soil and Rock Anchors		06600	Plastic and Fiberglass Fabrications		10700	Shutters and Sun Screens
02200	Earthwork		07100	Waterproofing and Dampproofing		10750	Telephone Specialties
02230	Stone and Sand Suppliers		07200	Insulation Subcontractors		10800	Toilet and Bath Accessories
02240	Soil Stabilization		07240	EIFS		11130	Audio Visual Equipment
02270	Erosion Control		07250	Fireproofing		11132	Projection Screens
02280	Soil Treatment		07270	Firestopping		11150	Parking Control Equipment
02360	Driven Piles		07310	Shingles		11160	Loading Dock Equipment
02370	Auger Cast Piles		07320	Roofing Tiles		11400	Food Service Equipment
02380	Drilled Piers		07400	Siding		12300	Manufactured Casework
02510	Paving		07410	Metal Roofing		12500	Window Treatment
02515	Unit Pavers		07420	Composite Panels		12690	Floor Mats and Grilles
02520	Concrete Paving		07510	Built-Up Roofing		13090	Radiation Protection
02525	Concrete Curb and Gutter		07525	Modified Bituminous Roofing		13092	Radio Frequency Shielding
02580	Pavement Marking		07530	Single Ply Roofing		13122	Metal Building Systems
02600	Site Utilities		07570	Traffic Coatings		13150	Swimming Pools
02720	Storm Drainage		07600	Flashing and Sheet Metal		13900	Fire Suppression Systems
02810	Irrigation Systems		07800	Skylights		14200	Elevators
02830	Fences and Gates		07900	Joint Sealants		14300	Escalators
02842	Guard Rail		08010	Door and Hardware Suppliers		15010	Mechanical Package
02850	Site Signage		08020	Door and Hardware Installation		15300	Fire Protection
02900	Landscaping		08330	Coiling Doors and Grilles		15400	Plumbing
02910	Hardscaping		08400	Entrance & Storefront Suppliers		15500	HVAC
03010	Concrete Package		08460	Automatic Entrance Doors		16010	Electrical
03100	Concrete Formwork		08800	Glass Contractors		16700	Data and Communications
03210	Reinforcing Steel		09200	Plaster		16800	Sound and Video
03225	Reinforcing Placement		09250	Drywall			
03230	Post Tensioning		09300	Hard Tile			
03300	Ready Mix Concrete		09380	Interior Cut Stone			
03345	Concrete Finishing		09400	Terrazzo			
03375	Concrete Pumping		09500	Acoustical Ceilings			
03410	Structural Precast Concrete		09520	Acoustical Wall Treatment			
03415	Structural Precast Erection		09550	Wood Flooring			
03450	Architectural Precast Concrete		09600	Carpet and Resilient Flooring			
03452	GFRC Panels		09630	Masonry and Stone Flooring			
03455	Architectural Precast Erection		09670	Fluid Applied Flooring			
03470	Tilt-Up Concrete		09800	Special Coatings			
03520	Insulating Concrete Decks		09900	Painting and Wallcovering			
04200	Masonry Subcontractors		10010	Specialties			
04400	Stone		10100	Visual Display Boards			
05120	Structural Steel		10160	Toilet Partitions			
05150	Steel Erection		10190	Cubicle Curtains and Tracks			
05400	Light Gage Metal Framing		10200	Louvers and Vents			
05450	Metal Support Systems / Unistrut		10260	Wall Protection			
05500	Metal Fabrications		10270	Access Flooring			
05525	Aluminum Handrail		10400	Signage			
05700	Ornamental Metals		10500	Lockers			
05810	Expansion Joint Covers		10520	Fire Protection Specialties			

Attachment B: State Licenses
Please mark all states in which you are licensed.

NATIONWIDE
Alaska - AK
Alabama - AL
Arkansas - AR
Arizona - AZ
California - CA
Colorado - CO
Connecticut - CT
District of Columbia - DC
Delaware - DE
Florida - FL
Georgia - GA
Hawaii - HI
Iowa - IA
Idaho - ID
Illinois - IL
Indiana - IN
Kansas - KS
Kentucky - KY
Louisiana - LA
Massachusetts - MA
Maryland - MD
Maine - ME
Michigan - MI
Minnesota - MN
Missouri - MO
Mississippi - MS
Montana - MT
North Carolina - NC
North Dakota - ND
Nebraska - NE
New Hampshire - NH
New Jersey - NJ
New Mexico - NM
Nevada - NV
New York - NY
Ohio - OH
Oklahoma - OK
Oregon - OR
Pennsylvania - PA
Rhode Island - RI
South Carolina - SC
South Dakota - SD
Tennessee - TN
Texas - TX
Utah - UT
Virginia - VA
Vermont - VT
Washington - WA
Wisconsin - WI
West Virginia - WV
Wyoming - WY