

# SUBCONTRACTOR QUALIFICATION STATEMENT

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

**CONSTRUCTION MANAGERS:**

Address: New Atlantic Contracting, Inc.  
2635 Reynolda Road  
Winston-Salem, NC 27106

Phone No.: 336-759-7440  
Fax No.: 336-759-7445

**PROJECT:** \_\_\_\_\_

**SUBMITTED BY:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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 President's name: \_\_\_\_\_
  - 1.3.4 Vice-president's name(s) \_\_\_\_\_
  - 1.3.5 Secretary's name: \_\_\_\_\_
  - 1.3.6 Treasurer's name: \_\_\_\_\_

- 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. HUB QUALIFICATIONS**

2.1 Does your firm qualify as a HUB (Historically Underutilized Business)? Yes  No

2.2 Minority Classification, if applicable: \_\_\_\_\_ (choose from the below)  
Black/African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**).

### 3. MWBE PARTICIPATION RECORD

3.1 The established goal for MWBE participation on this project is 15%. Does your firm commit to provide the necessary resources to assist the project in achieving or exceeding these goals? Yes  No

### 4. LICENSING

4.1 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable: \_\_\_\_\_

4.2 List jurisdictions in which your organization's partnership or trade name is filed: \_\_\_\_\_

### 5. EXPERIENCE

5.1 List the categories of work that your organization normally performs with its own forces:

Division: \_\_\_\_\_ Description: \_\_\_\_\_

5.2 Claims and Suits. (If the answer to any of the questions below is **YES**, please attach details.)

5.2.1 Has your organization ever failed to complete any work awarded to it? Yes  No

5.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes  No

5.2.3 Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? Yes  No

5.3 Within the last five 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

5.4 On a separate sheet, list major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent complete and scheduled completion date.

5.4.1 State total worth of work in progress and under contract: \$\_\_\_\_\_

5.5 On a separate sheet, list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces.

5.5.1 State average annual amount of construction work performed during the past five years: \$\_\_\_\_\_

5.6 On a separate sheet, list the construction experience and present commitments of the key individuals of your organization.

### 6. REFERENCES

6.1 Trade References (may include as attachment): \_\_\_\_\_

6.2 Bank References (may include as attachment): \_\_\_\_\_

6.3 Surety:

6.3.1 Name of bonding company: \_\_\_\_\_

6.3.2 Name and address of agent: \_\_\_\_\_

### 7. FINANCING

7.1 Financial Statement.

7.1.1 Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);

Net Fixed Assets;

Other Assets;

Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);

Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

**7.1.2** Name and address of firm preparing attached financial statement, and date thereof: \_\_\_\_\_

**7.1.3** Is the attached financial statement for the identical organization named on page one? \_\_\_\_\_

**7.1.4** If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsidiary): \_\_\_\_\_

**7.2** Will the organization whose financial statement is attached act as guarantor of the contract for construction?  
\_\_\_\_\_

## 8. BONDING

**8.1** Can your firm provide a Payment & Performance Bond for this Project? Yes  No

**8.2** Aggregate Bonding Limit: \$ \_\_\_\_\_

**8.3** Value Presently Bonded: \$ \_\_\_\_\_

**8.4** Maximum single project bonding capacity: \$ \_\_\_\_\_

**8.5** Estimated avg. Bond Rate:

**8.6** Bonding Agent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## 9. SAFETY

**9.1 Provide** Workmen's Compensation Experience Modification Rate (EMR) for the last three (3) years:

2007: \_\_\_\_\_

2008: \_\_\_\_\_

2009: \_\_\_\_\_

**NOTE: If EMR average for the last three (3) years is over 1.0, submit an OSHA 200 log for each year with response.**

**9.2** Do you have a written safety program? Yes  No

**9.3** Have you received an OSHA fine within the last three (3) years? Yes  No

**10. SIGNATURE**

**10.1** Dated at this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_

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

**10.2** M\_\_\_\_\_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 \_\_\_\_\_, 20\_\_\_\_\_

Notary Public:\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(NOTARY SEAL HERE)