



SUBCONTRACTOR QUALIFICATION STATEMENT

Name of Firm: _____ Type of Work Performed: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____ Email: _____

Type of Organization _____ Corporation _____ LLC _____ Partnership _____ Sole Proprietor _____ Other: _____

Principle(s) of Company: _____

Year Started: _____ State Incorporated/Organized: _____ State License #: _____

Federal Identification #: _____ Provide a W-9 form with Qualification

Registered Designations: _____ MBE _____ DBE _____ WBE _____ Detroit HQ Business Provide Certifications of Designations

List Union Affiliation: _____ Yes _____ No If yes, provide letter from union confirming you are current with all dues/fringes

Have you ever done business under any other company name in the last three (3) years? If yes, what name(s) _____

Banking Reference: _____ Contact Name: _____

Address: _____ Telephone: _____

Surety: _____ Bonding Limit: \$ _____ Telephone: _____

Agent: _____ Telephone: _____

Insurance Carrier: _____ Phone: _____ Workman Comp Limits: \$ _____

Insurance Agent: _____ General Liability Limits: \$ _____

Experience Modification Rating (EMR) last three (3) years _____ 20 _____ 20 _____ 20 _____

List three (3) Financial Credit References:

Company: _____ Contact: _____ Telephone: _____

Company: _____ Contact: _____ Telephone: _____

Company: _____ Contact: _____ Telephone: _____

List any past or pending litigations within the last five (5) years. Provide a brief description and note any judgement, awards or potential:

Project/Client References: (Provide additional sheet(s) if necessary)

Company: _____ Contact: _____ Telephone: _____

Company: _____ Contact: _____ Telephone: _____

Company: _____ Contact: _____ Telephone: _____

Manpower Availability: Note the size of your workforce to demonstrate ability to man projects # of Crews: _____ # of Crew Members/Crew: _____

Provide a List of projects your organization has completed in the past five years, giving the name of the project, general contractor, contract amount and date of completion.

Printed Name of Applicant: _____ Title of Applicant: _____

Signature of Applicant: _____ Application Date: _____

By signing above, you are providing authorization to check all banking and client references.