

## SUBCONTRACTOR STATEMENT OF QUALIFICATIONS

### Section 1 – Company Management and Capability

#### Company Information:

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

Contact: \_\_\_\_\_

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

\_\_\_\_\_

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

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

Website: \_\_\_\_\_

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

Main Office

Regional Office

Other: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Year Company Founded: \_\_\_\_\_

Corporation – State: \_\_\_\_\_

Partnership

Limited Liability Company

Limited Liability Partnership

Joint Venture

Sole Proprietor

Is firm owned or controlled by a parent company or other organization? If yes, please provide details.

Yes

No

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

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

\_\_\_\_\_

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

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

Website: \_\_\_\_\_

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

Does your firm operate under any other name? If yes, please provide details.  Yes  No

\_\_\_\_\_

#### Management and Key Personnel:

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

Title/Position: \_\_\_\_\_

Time Employed: \_\_\_\_\_

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Name: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Time Employed: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Time Employed: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Time Employed: \_\_\_\_\_

Have any of the Owners, officers, senior management, or major stockholders (stockholders controlling 20% or more of the outstanding shares) of your company ever been convicted of a felony? If yes, please provide details.     Yes     No

**Alternative Project Delivery Methods:**

Select alternative project delivery methods your firm has provided on past projects:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Construction Manager at Risk | <input type="checkbox"/> Design Build |
| <input type="checkbox"/> Job Order Contracting        | <input type="checkbox"/> Other: _____ |

**Preconstruction Services:**

Select pre-construction services your firm has provided on past projects:

- |  |  |
|--|--|
| <input type="checkbox"/> Value Engineering             | <input type="checkbox"/> Constructability Review       |
| <input type="checkbox"/> Long Lead Procurement Studies | <input type="checkbox"/> Cost Benefit Analysis         |
| <input type="checkbox"/> Conceptual Estimating         | <input type="checkbox"/> Construction Document Reviews |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> Other: _____                  |

**Similar Project Experience:**

List similar project experience, including project profile, contract value, and construction dates (attach additional pages if necessary).

Project: \_\_\_\_\_  
 Description: \_\_\_\_\_

Original Contract: _____	Final Contract: _____
Construction Start: _____	Completion: _____

Project: \_\_\_\_\_  
 Description: \_\_\_\_\_

Original Contract: \_\_\_\_\_ Final Contract: \_\_\_\_\_  
 Construction Start: \_\_\_\_\_ Completion: \_\_\_\_\_

Project: \_\_\_\_\_  
 Description: \_\_\_\_\_

Original Contract: \_\_\_\_\_ Final Contract: \_\_\_\_\_  
 Construction Start: \_\_\_\_\_ Completion: \_\_\_\_\_

**Section 2 – Company Capacity**

**M/WBE Certification Status:**

Is your business certified as a MBE?  Yes  No Agency: \_\_\_\_\_  
 Is your business certified as a WBE?  Yes  No Agency: \_\_\_\_\_

**Payment and Performance Bonds:**

Surety Company: \_\_\_\_\_ Broker: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Single Contract Capacity: \$ \_\_\_\_\_  
 Aggregate Bonding Capacity: \$ \_\_\_\_\_  
 Bonding Rate: \$ \_\_\_\_\_

**Insurance Coverage:**

Confirm your company can meet the insurance requirements attached.  Yes  No

**Bank Reference(s):**

Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Line of Credit: \$ \_\_\_\_\_  
 Unused Portion: \$ \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**Employee Training:**

Please provide a summary pertaining to employee training provided by your company:

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**Employee Benefits:**

Please indicate employee fringe benefits provided by your company:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Retirement   |
| <input type="checkbox"/> Vacation         | <input type="checkbox"/> Holiday Pay  |
| <input type="checkbox"/> Other: _____     | <input type="checkbox"/> Other: _____ |

**Section 3 – Project Understanding**

**Identification of Project Issues and Challenges:**

Identify anticipated Project issues and challenges, based on your typical trade scope package:

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**Contractor and/or Other Professional Licenses, Registrations and Certifications:**

List all State of Arizona contractor licenses and professional registrations:

License Number	Class	Expiration Date

Has a complaint ever been filed with the Arizona Registrar of Contractors against your firm? If yes, please provide details of each complaint. Attach additional pages if necessary.       Yes       No

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**Section 4 – Safety Program**

**Safety Program:**

Does your company maintain a formal safety program that is accessible to the onsite employees?

- Yes       No

Does your company have a written Substance Abuse Policy?       Yes       No

**Site Safety Representative:**

Does your company designate an on-site safety representative with OSHA ten-hour certification, First Aid, and CPR training?      Yes      No

**Workmen’s Compensation Experience Modification Rate (EMR):**

Please list your Worker’s Compensation Experience Modification Rate (EMR) over the last three (3) years:

Current year	Last year	Prior Year

**OSHA Violations:**

List all OSHA violations your company had over the last five years. Please provide details of each violation. Attach additional pages if necessary.

**2005** \_\_\_\_\_  
 \_\_\_\_\_

**2004** \_\_\_\_\_  
 \_\_\_\_\_

**2003** \_\_\_\_\_  
 \_\_\_\_\_

**2002** \_\_\_\_\_  
 \_\_\_\_\_

**2001** \_\_\_\_\_  
 \_\_\_\_\_

**Section 5 – Project References**

Provide three (3) project references for similar past projects.

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

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

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

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

Project: \_\_\_\_\_

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

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

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

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

Project: \_\_\_\_\_

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

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

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

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

Project: \_\_\_\_\_

**Section 6 – Attachments**

- |   |   |
|---|---|
| <input type="checkbox"/> Key Management and Personnel Resumes | <input type="checkbox"/> Organizational Chart   |
| <input type="checkbox"/> Current Insurance Certificate        | <input type="checkbox"/> Current Employee List  |
| <input type="checkbox"/> Current Equipment List               | <input type="checkbox"/> Substance Abuse Policy |

**Sub Contractor Insurance Requirements**

a) Claims under Workers' Compensation, disability benefit and other similar employee benefit acts; claims for damages because of bodily injury, occupational sickness or disease or death of employees. Minimum insurance coverage shall include:

- i. Workers' Compensation, including Employer's Liability – Each Accident: \$500,000.00
- ii. Disease - Policy Limit: \$500,000.00
- iii. Disease - Each Employee: \$500,000.00
- iv. Workers' Compensation coverage must extend to every employee, including all owners and officers of a closely held corporation and/or individuals operating as a sole proprietorship or partnership.
- v. To the extent permitted by law, the SUBCONTRACTOR'S insurer shall agree to waive all rights of subrogation against the CONTRACTOR, its officers, officials, employees and volunteers for losses arising from work performed by the SUBCONTRACTOR for the CONTRACTOR.

b) Claims for damages because of bodily injury, occupational sickness or disease or death, by any person other than employees; Claims for personal injuries which are sustained by (1) any person as a result of an act or omission directly or indirectly related to the employment of such person by the SUBCONTRACTOR, or (2) any other person; Claims for damages other than to the PROJECT itself, because of injury to or destruction of tangible property including loss of use resulting therefrom. Insurance coverage shall include:

- i. Premises - Operations
- ii. Products - Completed Operations
- iii. Blanket Contractual - As will cover the provisions of the Subcontract Agreement including, but not limited to, any indemnity provisions
- iv. Broad Form Property Damage
- v. Personal Injury
- vi. Blanket Explosion, Collapse and Underground Property Damage
- vii. Operations of Independent Contractors

Minimum Policy Limits:

General Aggregate:	\$2,000,000.00
Products/Completed Operations Aggregate:	\$2,000,000.00
Personal Injury:	\$2,000,000.00
Each Occurrence:	\$1,000,000.00

c) Claims for damages because of bodily injury or death of any person, or any property damage, arising out of the ownership or use of any motor vehicle. Insurance coverage shall include comprehensive Automobile Liability insurance including owned, hired and non-owned vehicles with limits of \$2,000,000.00. Combined single limit for each occurrence for bodily injury and death, or property damage.

d) The coverage limits required by paragraphs a), b) and c) above may be achieved by the use of an Umbrella/Excess Liability policy in combination with primary Employer's Liability, General Liability and Automobile Liability policies.