



**STEELE & FREEMAN, INC.**  
CONSTRUCTION MANAGERS

**Subcontractor Qualification Statement**

1. Name of Firm: \_\_\_\_\_

Scope performed: \_\_\_\_\_ CSI Divisions: \_\_\_\_\_

Brief Description of Services You Provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Contact for Bidding Purposes (If different from above)

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

Street Address \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. State License Number(s) and Classification(s) (If Applicable) : \_\_\_\_\_

3. How many years has company been in business under present name? \_\_\_\_\_

4. Indicate type of business organization:

A.  Corporation  Partnership  Joint Venture  Other

B. Date of Organization: \_\_\_\_\_

C. List names of officers, partners, or sole owners:

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NAME/TITLE

TENURE IN OFFICE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. State in which you are incorporated, if applicable: \_\_\_\_\_

6. List your branch offices or subsidiaries that are now actively engaged in construction work:

LOCATION

TYPE OF OFFICE

A. \_\_\_\_\_

B. \_\_\_\_\_

7. Have you ever failed to complete any work awarded? ( ) Yes ( ) No (If yes, please enclose an explanation)

8. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? ( ) Yes ( ) No (If yes, please enclose an explanation)

9. Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? ( ) Yes ( ) No (If yes, please enclose an explanation)

10. 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? ( ) Yes ( ) No (If yes, please enclose an explanation)

11. Bank Reference: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact \_\_\_\_\_

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12. Bonding Company: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Local Agent \_\_\_\_\_  
Present Bonding Capacity \_\_\_\_\_  
Last Project Bonded \_\_\_\_\_  
Bonding Rate: \_\_\_\_\_  
\_\_\_\_\_

13. Trade References:  
(List 3)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
=====

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
=====

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

14. Specify your: (a) Net Worth \_\_\_\_\_  
(b) Annual Volume \_\_\_\_\_

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15. Minimum and maximum job range within your capabilities (dollar volume of your subcontract):

Minimum: \$ \_\_\_\_\_

Maximum: \$ \_\_\_\_\_

16. List types of work performed by your own forces, i.e. without subcontracting. This represents \_\_\_\_\_ % of your total work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Office Staff: \_\_\_\_\_

Number of Field Staff: \_\_\_\_\_

17. List types of work your organization usually subcontracts to others.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Is your company capable of providing Engineered and Certified Design? ( ) Yes ( ) No

19. Labor Relations: ( ) Union Contractor ( ) Open Shop

<u>If applicable, trades with which you have agreements</u>	<u>Expiration Date</u>
_____	_____
_____	_____
_____	_____

20. List Three (3) Recently Completed Projects:

Name of Project: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

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PM: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Project Size: \_\_\_\_\_

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Name of Project: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

PM: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Project Size: \_\_\_\_\_

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Name of Project: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

PM: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Project Size: \_\_\_\_\_

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21. List Three (3) Current Ongoing Projects:

Name of Project: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

PM: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Project Size: \_\_\_\_\_

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Name of Project: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

PM: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Project Size: \_\_\_\_\_

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Name of Project: \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

PM: \_\_\_\_\_ Superintendent: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Project Size: \_\_\_\_\_

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22. Safety:

A. Interstate or Intrastate Workers Compensation Experience Modification Rate (as shown on Workers Compensation Insurance Policy) for the three most recent years are as follows:

20\_\_\_\_ \_\_\_\_\_                      20\_\_\_\_ \_\_\_\_\_                      20\_\_\_\_ \_\_\_\_\_

B. OSHA Recordable Incidents for the past 3 years:

20\_\_\_\_ \_\_\_\_\_                      20\_\_\_\_ \_\_\_\_\_                      20\_\_\_\_ \_\_\_\_\_

C. OSHA Lost Work Day Incidents for the past 3 years:

20\_\_\_\_ \_\_\_\_\_                      20\_\_\_\_ \_\_\_\_\_                      20\_\_\_\_ \_\_\_\_\_

23. Please attach a certificate of current insurance coverage, balance sheet, income statement and statement of change in equity for the past two (2) years (audited or certified if available).

\_\_\_\_\_  
Company Name

Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_