



SUBCONTRACTOR QUALIFICATION STATEMENT

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

**SUBMITTED TO:** **CONTRAVEST**  
**ADDRESS:** 237 S. Westmonte Drive, Suite 140  
Altamonte Springs, Florida 32714  
(407) 333-0066 Office  
(407) 333-0483 Fax

Your Company is a **Corporation**  **FEI No.:** \_\_\_\_\_  
**Partnership**   
**Individual**   
**Joint Venture**   
**Other**

**SUBMITTED BY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PRINCIPAL OFFICE:** \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF WORK (file separate form for each Classification of Work):**

(Please specify) \_\_\_\_\_

**1 ORGANIZATION**

**1.1** How many years has your organization been in business as a Contractor? \_\_\_\_\_

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

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**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. LICENSING**

**2.1** List jurisdictions (Counties, Cities, and States) and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**3. EXPERIENCE**

**3.1** List the categories of work that your organization normally performs with its own forces.

_____	_____
_____	_____
_____	_____

**3.2** Claims and Suits:  
(If the answer to any of the questions below is yes, attach details as Exhibit 3.2.X accordingly)

**3.2.1** Has your organization ever failed to complete any work awarded to it?

\_\_\_\_\_

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**3.2.2** Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  
\_\_\_\_\_

**3.2.3** Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?  
\_\_\_\_\_

**3.3** 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 as Exhibit 3.1)  
\_\_\_\_\_

**3.4** **On a separate sheet**, list all major construction projects your organization has in progress, giving the name of project, owner, architect, contract amount, percent complete, scheduled completion date, total worth of project, client contact information for verification, attach as Exhibit 3.4.

**3.5** **On a separate sheet**, list the major projects your organization has completed in the past three years. Giving the name of project, contractor, architect, contract amount, date of completion and percentage of the cost of the work performed with your own forces, and client contact information for verification, attach as Exhibit 3.5.

**3.5.1** State average annual amount of construction work performed during the past three years:  
\_\_\_\_\_

**4. REFERENCES**

**4.1** Trade References:

**4.1.1** Suppliers, list two (2)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

**4.1.2** Business References, list two (2)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____



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**4.2 Professional Services:**

**4.2.1 On separate sheets,** please attach a CPA prepared financial statement, according to GAAP. Attach details as Exhibit 4.2.1

**4.2.2 Bank Name:** \_\_\_\_\_  
Contact: \_\_\_\_\_ Amount of Line \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Tenure with Bank: \_\_\_\_\_  
Email: \_\_\_\_\_

Surety: \_\_\_\_\_  
Contact: \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Tenure with Surety: \_\_\_\_\_  
Email: \_\_\_\_\_ Single Limit\$: \_\_\_\_\_

Accountant: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Tenure with Accountant \_\_\_\_\_  
Email: \_\_\_\_\_

Attorney: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Tenure with Attorney \_\_\_\_\_  
Email: \_\_\_\_\_

**4.2.3** If required, can your firm obtain a bond for this project? \_\_\_\_\_  
Attach a copy of your bondability letter as Exhibit 4.2.3.

**4.2.4** Attach a copy of your current blanket insurance certificate(s), including general liability, workers compensation and automobile as Exhibit 4.2.4.

**5. CERTIFICATION**

**5.1** Is your Company a certified:

- Small Disadvantaged Business (SDB) Enterprise (MBE)
- Small Business Enterprise (SBE)
- HUB Zone Small Business (HUB Zone SB)
- Service-Disabled Veteran-Owned Small Business Concerns (SDVOSMC)
- Women-Owned Small Business (WOSB)
- FDOT Certified SDB
- Veteran-Owned Small Business Concerns (VOSMC)
- Minority Business
- Native American
- Other – Describe \_\_\_\_\_

Please attach copies of all certifications



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**6. SAFETY**

**6.1 Safety Information**

- 6.1.1 Does your company have a safety manager/ department?  YES  NO
- 6.1.2 Your Manager's name and phone number: \_\_\_\_\_
- 6.1.3 Does your company have a written safety plan?  YES  NO Please provide a copy.
- 6.1.4 Do you have a new hire safety orientation program?  YES  NO
- 6.1.5 How often are documented safety meetings held on-site?  DAILY  WEEKLY
- 6.1.6 Does your company have a drug free workplace policy?  YES  NO
- 6.1.7 Does your company have a disciplinary program in place for violations?  YES  NO
- 6.1.8 Does your company conduct accident/incident investigations?  YES  NO
- 6.1.9 Does your company provide safety training for all employees?  YES  NO
- 6.1.10 Does your company have a return to work/light duty policy?  YES  NO
- 6.1.11 Has your company received any OSHA citations in the last 5 years?  YES  NO

**6.2 Competent Person(s)**

- 6.2.1 Contractors are required to have a competent person(s) on-site during specific work tasks. Provide a list of your company's competent persons list, showing what task each person is specifically competent for.

**7. SIGNATURE**

**5.1 Authorized Signature**

Dated at this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_

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

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

**5.2 Notary:**

\_\_\_\_\_ 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: \_\_\_\_\_

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**Requested by: CONTRAVEST**

Address:

237 S. Westmonte Drive, Suite 140  
Altamonte Springs, Florida 32714  
(407) 333-0066 Office  
(407) 333-0483 Fax

Re: Credit Authorization

Checking credit lines and references is a normal part of subcontracting. Please indicate your approval by signing below so that we can make the necessary contacts.

Best Regards,

ContraVest Builders is authorized to contact individuals and companies given as references to gather information on the credit, character, capacity and capital of our company, employees and owners for subcontract purposes.

Company \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Signed by

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Contractor Initials \_\_\_\_\_

