

❖❖ CONTRACTOR'S 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: _____

SUBMITTED BY: _____

NAME: _____

PRINCIPAL OFFICE: _____

TYPE OF BUSINESS: _____

NAME OF PROJECT:

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 the form, (for example S-Corp, C-Corp, LLC, etc.), of your organization is other than those listed above, describe it and name the principals.*

2. LICENSING

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

Jurisdictions

Trade Categories

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, please attach details).*

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

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 law suits or requested arbitration with regard to construction contracts within the last five years?*

4. REFERENCES

4.1 Resume of Company including all company information with regards to the number of projects performed in the last year, number of employees, past projects similar to this one. (Maximum of three (3) per category below)

4.2 Trade References (3): _____

4.3 Design Team References (3): _____

4.4 Supplier References (3): _____

4.5 Bank References (3): _____

4.6 Name of Bonding Company: _____

4.6.1 Bonding capacity (Letter from Bonding Company)

4.6.2 Name and Address of Agent:

5. Please describe your safety program and how safety is managed on a particular project?

6. Current EMR (Experience Modification Rate)?

7. **Schedule of work on hand and percentage (%) complete?**

8. **FINANCING**

5.1 Financial Statement (Please attach a recent copy.)

9. **SIGNATURE**

6.1 Dated at _____ this _____ day of _____, 2017

Company Name

Signature

Notary Public

My Commission Expires: _____

OFFICIAL PREQUALIFICATION INFORMATION FORM
Passport Health Plan Headquarters

SIMILAR PROJECTS TABLE

Complete the table below for 5 similar projects. Project listed should be of similar size and scope. Where applicable, answer "Yes" or "No".

Project Name & Location	GC Contact Name	GC Contact Phone #	Contract Amount	Date Completed	WBE/MBE Requirements	P&P Bonds Required?