

## Subcontractor Qualifications Statement



**Submitted to:**

134 N. Narberth Avenue  
Narberth, PA 19072

**For consideration with regard to:**

\_\_\_\_\_   
(Name of Project)

Please provide complete answers to all of the following. You may attach additional pages if necessary.

All statements herein will be investigated and any misrepresentation of facts will result in exclusion of bidder from bid list.

Daniel J. Keating Company will advise bidder on qualification status after careful review of this information on this form, as well as other information.

1. State your company's name and address:

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

2. State the categories of work for which your Company would like to be considered:

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

3. What type of organization is your Company (e.g., corporation, partnership, Limited Liability Company, sole proprietorship, etc.)?

\_\_\_\_\_

4. If your Company is a corporation, please state:

a. Date of incorporation \_\_\_\_\_

b. Place of incorporation \_\_\_\_\_

c. Names and titles of all officers:

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

d. Names of all your Company's subsidiaries:

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

5. If your Company is a partnership, please state:

a. Date of formation \_\_\_\_\_

b. In which state formed \_\_\_\_\_

c. Is partnership general or limited? \_\_\_\_\_

d. Names and home addresses of all partners:

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

e. Names of all companies controlled by your Company or any of the partners:

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6. If your Company is a Limited Liability Company, please state:

a. Date of formation \_\_\_\_\_

b. In which state formed \_\_\_\_\_

c. Names and titles of all managers and officers:

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d. Names and home addresses of all members:

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e. Names of all companies controlled by your Company or any of the members:

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7. If your Company is a sole proprietorship or some other organization, please state:

a. Type of organization \_\_\_\_\_

b. Date established \_\_\_\_\_

c. Names and addresses of each of the principals:

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

d. Names of all companies controlled by your Company or any of its principals:

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

8. How many years has your Company been in business as a Contractor or Subcontractor under its present name? \_\_\_\_\_

9. Under what other or former names has your Company operated?

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

10. How many years experience in this type of construction work does your Company have?

a. As a prime contractor \_\_\_\_\_

b. As a subcontractor \_\_\_\_\_

11. **Safety Information**

a. Has your Company had any OSHA fines within the last 3 years? (If yes, please submit the details describing the circumstances surrounding each incident on a separate sheet.)

Yes \_\_\_\_\_ No \_\_\_\_\_

b. Has your Company experienced any jobsite fatalities within the last 5 years? (If yes please submit a separate sheet with details describing the circumstances.)

Yes \_\_\_\_\_ No \_\_\_\_\_

c. Please state your EMR rating for the past 3 years:

Year \_\_\_\_\_ Rating \_\_\_\_\_

Year \_\_\_\_\_ Rating \_\_\_\_\_

Year \_\_\_\_\_ Rating \_\_\_\_\_

12. **Work force**

a. Percentage of work normally completed by your own forces: \_\_\_\_\_

b. Percentage of work your Company intends to complete itself on this project: \_\_\_\_\_

c. Please list the equipment your Company owns and that is available for work:

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

d. Does your Company intend to subcontract any work on this project? If so, please provide details:

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

e. Please list names and addresses of your Company's 3 primary suppliers:

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

f. Please list any collective bargaining agreements to which you are bound:

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13. **Claims and Suits** (If the answer to any of the questions below is yes, please attach details.)

a. Has your Company ever failed to complete any work awarded to it?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, provide the name of the project, the total value of your contract, the date of the failure to complete and a brief explanation.

b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your Company or any of its officers or principals?

Yes \_\_\_\_\_ No \_\_\_\_\_

c. Has your Company filed any lawsuits or requested arbitration with regard to its construction contracts within the last 5 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

d. Within the past 5 years, has any principal of your Company been an officer or a principal at any other Company that failed to complete a construction contract?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Please state the total dollar value of work which your Company currently has under contract:

\$ \_\_\_\_\_

15. **Current Work in Progress.** On a separate sheet, please list the name of the project, Owner, Architect, General Contractor or Construction Manager, total contract value of your contract, percentage of completion, and scheduled completion date for all major construction projects your Company currently has under construction.

16. **Completed Projects, Past Two Years.** On a separate sheet, please list the name of the project, Owner, Architect, General Contractor or Construction Manager, total contract value of your contract, percentage of completion, and scheduled completion date for all major construction projects your Company has completed in the past two years.

17. Please state the dollar amount of the largest project your Company has completed in the past 5 years:

Year \_\_\_\_\_ Contract Amount \$ \_\_\_\_\_

18. **Personnel**

a. On a separate sheet, please list the names of the individuals who will be performing the work for your Company on this project. If this submittal is not project-specific, please list all primary field personnel, or provide resumes. Give name, title, a description of his/her function and a history of his/her construction experience.

b. Please provide resumes for the principals and officers of your Company.

19. **Financial Information**

a. Please provide the name and address of your bank, and state the name and telephone number of the representative who will serve as a reference for your Company:

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

b. Is your Company currently in reorganization under Chapter 11 of the US Bankruptcy Code, or are you in any other manner seeking an arrangement or debt adjustment with your creditors? If yes, please provide details on a separate sheet.

Yes \_\_\_\_\_ No \_\_\_\_\_

c. Has your Company—or any parent, subsidiary, sister or any other company affiliated with your Company—declared bankruptcy, or been placed into bankruptcy, in the last 10 years? If yes, please provide details on a separate sheet.

Yes \_\_\_\_\_ No \_\_\_\_\_

d. Have any of your officers or principal operating personnel been employed by or associated with a company that has been in bankruptcy or has ceased to operate at any time during the last 10 years? If yes, please state the person's name and the name of the company, and provide details on a separate sheet.

Yes \_\_\_\_\_ No \_\_\_\_\_

e. Please state the current net worth of your Company: \$ \_\_\_\_\_

f. Please list the names of your Company's creditors, and the property subject to their interests:

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20. **Bonding Information**

a. Please list the name and address of your bonding company, and state the name and telephone number of the representative who will serve as a reference for your Company:

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b. Do you currently have sufficient available bonding capacity to furnish payment and performance surety bonds on this project? (If this questionnaire is not project-specific, select N/A)

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_



c. What is your aggregate bonding limit? \$ \_\_\_\_\_

d. What is your single-job bonding limit? \$ \_\_\_\_\_

e. What is your current available capacity? \$ \_\_\_\_\_

f. Please state your Company's payment and performance surety bond premium rates:

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

**21. Licensure**

a. In which states is your Company licensed to do business?

\_\_\_\_\_

b. Does your Company hold all necessary licenses to perform the work for which you wish to be considered? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Please list those licenses below:

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

**22. MBE/WBE/DBE**

Is your Company certified as a minority or woman owned business enterprise, and/or disadvantaged business enterprise, and if so by which agencies?

Yes \_\_\_\_\_ No \_\_\_\_\_

Certifying Agencies:

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Please provide copies of the applicable certifications and complete the following on behalf of all principals of your Company:

<u>Name</u>	<u>Percentage Ownership</u>	<u>WMBE Classification</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Are you registered as a small business enterprise with the Federal Small Business Administration?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your Company a

HUB Zone Small Business Concern? Yes \_\_\_\_\_ No \_\_\_\_\_

Small Business Disadvantaged Concern? Yes \_\_\_\_\_ No \_\_\_\_\_

Small Business Concern? Yes \_\_\_\_\_ No \_\_\_\_\_

Small Woman Owned Business Concern? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Have sanctions and/or penalties of any nature ever been imposed on your Company by a Federal, State, or Local Government agency for failure to comply with any Equal Opportunity Clause, contract provisions or Executive Order concerning the prohibition of discrimination by reason of race, color, creed or sex? If so, identify the agency which imposed the penalty or sanction, the date of the action and explain the circumstances surrounding the imposition. Please use a separate sheet if necessary. \_\_\_\_\_

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SUBCONTRACTOR:

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

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

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

ATTEST: \_\_\_\_\_

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

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

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

STATE OF: \_\_\_\_\_

SS: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

I hereby certify that the answers to the above questions and all statements herein contained are true and correct, and that these answers are given and statements made with the intent that they be relied upon by \_\_\_\_\_ (Owner Name) and Daniel J. Keating Company in determining whether my Company is qualified to perform the work described above.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC