

SUBCONTRACTOR QUALIFICATION STATEMENT

Prepared for: **The Alexander Group LLC**

Project: (if applicable) _____

2695 NW 4th Street

Ocala, FL 34475

Phone: 352-387-3949

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COMPANY INFORMATION

Legal Company name: _____

Physical address: _____

Mailing address: _____

Phone number: _____ Fax number: _____

Geographic area of business operations: _____

Contracting scope: _____

Federal ID#: _____

Is the company a; Corporation , Partnership , Individual , Joint Venture

List the Principals of the Firm and their title:

Contact person and their title: _____

E: mail: _____

Number of years in business under the present company name: _____

Under what other names has your organization operated? _____

INSURANCE AND BONDING

Value of work presently bonded \$ _____

Total Bonding capacity \$ _____

Bonding Surety: _____

Bonding Agent: _____

Contact: _____ Phone number: _____

Insurance Agent: _____

Contact: _____ Phone number: _____

Attach a copy of your Insurance certificate for General Liability, Automobile, Worker's Compensation, W-9, license etc.

LICENSES

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

GENERAL INFORMATION

Work currently under contract: _____

Work in place last year: _____

Percent of work performed by own forces: _____

Total number of staff employed by company: _____ this includes _____ Office staff _____ Field personnel

Average work force for the past 5 years: _____

Is your company a certified minority business? If yes indicate certification: _____ **Attach certificate**

Is the company in compliance with EEO requirements? _____

Does the company have a Safety Program? _____

Has the company ever _____ failed to complete a contract?

_____ been involved in Bankruptcy or Reorganization?

_____ had pending claims or suits against it?

_____ been assessed liquidated Damages on any project?

(If yes to any of the above please submit details on a separate sheet)

Does the company have a current rating with Dunn & Bradstreet? _____ If yes what is that rating _____

TRADE REFERENCES

List three Trade References; contact name, address, phone number, e-mail address.

List three General Contractors and Construction Managers that your Firm has worked for during the past two years; company name, contact name, address, phone number, e-mail address.

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature: _____ Title: _____ (Officer of the company)

Printed/typed name and title: _____ (Officer of the company)