



SUBCONTRACTOR QUALIFICATION STATEMENT

Date: _____

Business Name: _____

Primary Contact: _____ **E-Mail:** _____

Phone Number: _____ **Fax Number:** _____

Mailing Address: _____

Physical Address: _____

Years in Business Under Current Company Name: _____

Principal(s): _____

Corporation (State) _____ Partnership Sole Proprietorship Other _____

Federal Tax ID #: _____

MN Tax ID # (If Applicable): _____

Contractor License # (If Applicable): _____

Have You Ever Operated Under Another Name? YES NO

Explain: _____

Scope Of Work You Provide: _____

Minority Owned Business: Yes MBE WBE Other _____ No

Bank: _____ **Contact:** _____ **Phone #:** _____

Bonding Co: _____ **Contact:** _____ **Phone#:** _____

Bonding Capacity – Single: _____ **Bonding Capacity – Aggregate:** _____



Do You Have a Written Safety Program? YES NO

Bureau Of Labor Statistics (BLS) Industry Code: _____

Worker's Comp. Experience Modification Rates for the Last Three (3) Years:

Number of Recordable Injury/Illness Cases for the Last Three (3) Years – OSHA Recordable Totals:

Have You Had ANY OSHA Fines Within The Last Three (3) Years? YES NO

Explain: _____

List Your Two (2) Primary Competitors and Explain Why You Offer A Competitive Advantage:

REFERENCES:

Current Job: Name of Job: _____
General Contractor: _____
Your Contract Value: _____
Contact Name & Number: _____

Current Job: Name of Job: _____
General Contractor: _____
Your Contract Value: _____
Contact Name & Number: _____

Completed Job: Name of Job: _____
General Contractor: _____
Your Contract Value: _____
Contact Name & Number: _____

Completed Job: Name of Job: _____
General Contractor: _____
Your Contract Value: _____
Contact Name & Number: _____



Other References:

COMPANY	CONTACT	PHONE #	RELATIONSHIP

Has Your Company Ever Been Involved In a Bankruptcy? YES NO

Explain: _____

Are There Any Pending Arbitration/Claims/Litigation/Judgments Against You? YES NO

Explain: _____

Have You Ever Not Paid Your Subcontractors/Suppliers For Completed Work? YES NO

Explain: _____

Printed Name: _____ **Date:** _____

Signature: _____

Title: _____