

SUBCONTRACTORS QUALIFICATION STATEMENT

NAME: _____

ADDRESS: _____

List physical address if different from above: _____

Phone #: _____

Fax #: _____

License #: _____

Class: _____

Expiration: _____

Federal ID#: _____

Trades your company performs: _____

Number of years in business: _____

Owners / Partners / Officers: _____

Estimating contacts (Shells/T.I.s):

Name: _____

Cell / Pager # _____

E-Mail: _____

Name: _____

Cell / Pager # _____

E-Mail: _____

Name: _____

Cell / Pager # _____

E-Mail: _____

List names of all construction projects your organization has in progress at this time on the attached information sheet provided.

Lists names of major construction projects your organization has completed in the last two years on the attached information sheet provided.

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BONDING:

Not required on all project, but bonding information must be provided

Bonding Company: _____

Address: _____

Phone #: _____

Total bonding capacity: _____

Attach a letter from your surety company verifying your bonding capacity. If capacity is not known, please attach a recent financial statement.

Bond Premium Rate: _____

INSURANCE:

Insurance requirements are specified in BYCOR GENERAL CONTRACTORS Addendum No. 1 to BIA Standard Subcontract Agreement. Please attach or forward insurance certificates naming BYCOR as certificate holder. BYCOR must also be listed as additional insured for General Liability. (Specific job or all operations is acceptable).

Please complete the following if you are not attaching insurance certificates at this time.

Name of Liability Insurance Company: _____

Expiration Date of Liability Coverage: _____

Limits of Liability Insurance: _____

Name of Worker's Compensation Company: _____

Expiration Date of Auto Liability Coverage: _____

Name of Auto Liability Company: _____

Expiration Date of Auto Coverage: _____

Prepared by: _____

Date: _____