

SUBCONTRACTOR'S QUALIFICATION FORM
Headley Construction Corporation

Legal Name _____

Address _____

City, State, Zip _____

Corporation _____ Partnership _____ Individual _____ Other _____

Corporate Officers, Partners or Owners:

President (Partner, Owner) _____

Secretary (Partner) _____

Performance Record

Description

Customer (Name, Address, Contact, Telephone Number)

1. _____

Contract Amount: _____ Date Completed: _____

2. _____

Contract Amount: _____ Date Completed: _____

3. _____

Contract Amount: _____ Date Completed: _____

% of Project to be completed by own forces (1) _____ (2) _____ (3) _____

% of Project to be sublet to others (1) _____ (2) _____ (3) _____

% of Project owned equipment used (1) _____ (2) _____ (3) _____

% of Project leased equipment used (1) _____ (2) _____ (3) _____

Credit Record

Annual Sales: _____

List four largest suppliers within the last three years

<u>Name</u>	<u>Address</u>
1. _____	_____
Largest Credit: _____	Contact: _____ Phone: _____
2. _____	_____
Largest Credit: _____	Contact: _____ Phone: _____
3. _____	_____
Largest Credit: _____	Contact: _____ Phone: _____
4. _____	_____
Largest Credit: _____	Contact: _____ Phone: _____

A complete list of all suppliers for this project must be provided if contract awarded, and credit must be acceptable to the general contractor.

Do you have readily available bond credit: Yes _____ No _____

Name of Bonding Company _____

Largest Single Job Bond Limit _____

Aggregate Cost to Complete Bond Limit _____

Bond Rate _____

If bondability is not available, the general contractor may elect to utilize joint payment arrangements with subcontractors, suppliers and subcontractors.

Has this firm, successor firms, or any of the officers, partners or owners ever filed bankruptcy?
Yes _____ No _____

Insurance

Please Confirm Coverages:

General Liability Company _____ Limit _____

Automobile Liability Company _____ Limit _____

Installation Floater Company _____ Limit _____

Umbrella Liability Company _____ Limit _____

Workers Compensation Company _____ Exp Mod _____

Complete the above and/or send copies of insurance certificates.

Signed: _____

Date: _____

Title : _____