



CONTRACTORS + CONSTRUCTION MANAGERS

SUBCONTRACTOR QUALIFICATION STATEMENT

Please complete the information below for your company to be considered for placement on INTECH's Subcontractor List. Please print and fax to (215) 243-4930. If you have difficulty with completing this form, please call Lisa Ashton Mattioli at (215) 243-4941. Thank you for your information!

Company Name:

Address:

City/State/Zip:

Mailing Address:
(If different)

Telephone:

Fax:

Email Address:

Website:

Primary Contact:

Title:

Corporation Partnership Individual Joint Venture Other

Type of Work You Perform:

Which items do you self-perform?

Which items do you subcontract?

Number of years in business under present name:

Average Annual Dollar Volume: \$

Average Size of Project: Minimum \$ Maximum \$

Average Number of Employees: Office Field

Do you work: Open Shop Union Both

Does your business qualify as: DBE MBE SBE WBE

Provide certifying agency/number (if applicable):

Describe geographic limitation of your normal work area:

Have you ever failed to complete or been terminated from a Contract? Yes No

Name of Bonding Company and Address:



Limits of Bonding Capacity:

Single Project:

Aggregate:

List any pending, active or anticipated litigation or arbitration which you may be involved in:

Company vs.

Dollar Amount

Status/Comment

Name of Insurance Company:

Insurance Agent's Name & Phone#:

Years in Business with current insurance company:

Insurance Modifier:

Indicate current limits for the following (or forward a copy of your insurance certificate)

General Liability:

Auto Insurance:

Workmen's' Compensation:

Excess Coverage – Umbrella:

List the name of project, owner, architect, general contractor or construction manager, contract amount, and name of reference with phone number of your last 8 major projects.

	Project	GC/CM Owner/Architect	Value	Reference/Phone#
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Provide a reference listing of at least 5 past client and 5 current vendors/sub-subcontractors, including company name, address, telephone number and contact:

	Company	Address	Contact/Phone
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Briefly describe your company's scheduling practices and which, if any, computer scheduling software you utilize:

Does your company have a safety program? Current OSHA rating:

Please feel free to provide any additional information about your company as it relates to performance, references, etc.

I hereby certify that the above information is true and accurate (signature required for validation):

Name:

Signature:

Title:

Date: