



**SUBCONTRACTOR/SUPPLIER QUALIFICATION STATEMENT**

We appreciate the recent interest you have expressed in being added to Acadian Builders G.C. select subcontractor/supplier bid list. Please provide the following information to help us evaluate your qualifications.

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
PRINCIPAL OFFICE: \_\_\_\_\_  
TYPE OF WORK: \_\_\_\_\_

**ORGANIZATION**

1. How many years has your organization been in business as a Subcontractor/Supplier/ Contractor? \_\_\_\_\_
2. How many years has your organization been in business under its present business name? \_\_\_\_\_
3. Under what other or former names has your organization operated?  
\_\_\_\_\_
  - CORPORATION, answer the following:
    - a. Date and State of incorporation: \_\_\_\_\_
    - b. President's name: \_\_\_\_\_
    - c. Vice President name(s): \_\_\_\_\_
  - PARTNERSHIP, answer the following:
    - a. Date of organization: \_\_\_\_\_
    - b. Type of partnership (if applicable): \_\_\_\_\_
    - c. Name(s) of general partner(s): \_\_\_\_\_
  - INDIVIDUALLY OWNED, answer the following:
    - a. Date of organization: \_\_\_\_\_
    - b. Name of owner: \_\_\_\_\_

**LICENSING**

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

JURISDICTION	LICENSE / REGISTRATION #	TRADE CATEGORIES/ UNION AFFILIATION



**EXPERIENCE**

1. List the type of work that your organization normally performs:  

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2. What is the geographical range of your typical projects?  

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3. What is the range of contract value for your work that you wish to be considered for?  

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4. On Attachment A, list the major projects your organization has completed in the past two years, giving the name of project, owner, general contractor, architect, contract amount, date of completion and the cost of the work performed with your own forces.
5. Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)
  - a. Has your organization ever failed to complete any work awarded to it?  Yes  No
  - b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  Yes  No
  - c. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?  Yes  No
6. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?  Yes  No (If the answer is yes, please attach details.)

**SAFETY**

1. Attach a 'Site Specific Safety Plan' from a recent project.
2. Have you been cited by an OSHA Inspector in the past two years?  Yes  No  
If yes, please attach details including measures taken to prevent repeat citations.

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REFERENCES

1. Supplier References:

FIRM NAME	ADDRESS	CONTACT PERSON	PHONE NO.	FAX NO.

2. Bank References: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Bonding Company: \_\_\_\_\_  
Bonding Capacity: \_\_\_\_\_

**FINANCING**

1. Attach your most recent Financial Statement.

**INSURANCE**

1. Attachment B, Special Conditions to Subcontract, contains our insurance requirements for subcontractors. All costs for these coverages should be included in your bid proposals. Review the requirements and list any specific omissions in your policy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_



**ATTACHMENT A  
MAJOR CONSTRUCTION PROJECTS**

PROJECT NAME	OWNER	ARCHITECT	GENERAL CONTRACTOR	SUBCONTRACT AMOUNT	PERCENT COMPLETE	SCHEDULED COMPLETION DATE

## **ATTACHMENT B INSURANCE REQUIREMENTS TO SUBCONTRACT**

The following are the insurance requirements that must be in place in order to perform work on a Acadian Builders G.C. project.

### **General Liability Insurance Requirements:**

- 2,000,000 General Aggregate
- 2,000,000 Products-completed operations aggregate
- 1,000,000 Personal Injury and Advertising Injury
- 1,000,000 Each Occurrence
- 300,000 [Damage to premise your rent](#)
- 10,000 [Medical Payments](#)

Must list Acadian Builders GC as an Additional Insured, including products completed operations. The policy should be primary and noncontributory and should include a waiver of subrogation that specifically names Acadian Builders GC.

Must carry per project insurance of 2,000,000

### **Commercial Auto Insurance Requirements:**

- 1,000,000 combined single limit
- Must list Acadian Builders GC as an Additional Insured, including products completed operations. The policy should be primary and noncontributory and should include a waiver of subrogation that specifically names Acadian Builders GC.
- Symbol 1 or “Any Auto” coverage
- 1,000,000 Hired and non owned Auto

### **Workers Compensation Insurance Requirements:**

- 1,000,000 Bodily injury by accident, each accident
- 1,000,000 Bodily injury by disease, each employee
- 1,000,000 Bodily injury by disease, policy limit

### **Umbrella**

- 1,000,000 [with language that states “Follows all forms”](#).