

Subcontractor Statement of Qualifications



Under state of Iowa bidding laws, on a CMAR project, only bids submitted by prequalified subcontractors can be accepted on bid day.

Date: _____

Project: _____

Trade Contractor: _____

Seeking Prequalification for the following Work: _____

COMPANY INFORMATION

Company Address: _____

Year Company Originally Organized: _____

Years in Business under Current Name: _____

Contact Person / Title: _____ / _____

Contact Person Email / Cell _____ / _____

Company Website: _____

Average Annual Revenue over Past Three Years: _____

THE WORK

Does your company have the resources (personnel, financial, other) to successfully complete this project?
..... Yes No

Do your trade workers have the capability and technical competence to successfully complete this project?
..... Yes No

Does your company have the experience to successfully complete this project? Yes No

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list three projects similar in size and scope to this project that your company has completed recently.

Project Name	Architect	Contract Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE AND BONDS

Can your company secure the level of insurance typically required for a public project like this?
 Yes No

Can your company secure payment and performance bonds for this project, if required? Yes No

What is the name of your bonding company? _____

SAFETY

Does your company have an overall safety program? Yes No

In the past three years, has your company had any serious OSHA violations? Yes No

What is your current EMR? _____

LEGAL

In the past five years, has your company defaulted on a contract? Yes No

In the past five years, has your company filed for bankruptcy or insolvency? Yes No

In the past five years, has any company officer, partner, or principal been convicted of a crime?
 Yes No

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CERTIFICATION

The undersigned states that they have carefully examined all the information provided and representations made in this Statement of Qualifications and certifies, to the best of their knowledge, that this Statement of Qualifications is entirely complete, true, and accurate.

Submitted by: _____

Print Name: _____

Title: _____

Company Name: _____

Date: _____