

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 : \_\_\_\_\_