Attachment C: Contractor Qualification Form

Company Name:			
Address:			
When Organized:	Where Incorporat	ed:	
How many years have you engaged	in business under the pr	esent firm name?	
Contracts now in hand?			
Has bidder ever refused to execute a	a contract at the original	bid amount?	
Has bidder ever been declared in de	fault on a contract?		
Comments:			
Authorized By (typed neme).			
Authorized By (typed name):			
Authorized Signature:			
Title:	Date:		
Telephone Number:	Fax Number:		
Email Address:			
References - Following is a referen	ce list of contracts that a	re similar to this project	:
NAME OF PROJECT/DATE	LOCATION	CONTACT	PHONE #

A. LIST OF SUB-CONTRATORS

I do NOT propose to sub-contract some of the work on this project.

I propose to sub-contract work to the following contractors.

NAME/ADDRESS

TYPE OF WORK

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B. FINANCIAL & LEGAL STABILITY STATEMENT

Please check appropriate item(s):

Firm has the financial capability to undertake the work and assume the liability required if awarded this project.

Firm has the legal capability to undertake the work and assume the responsibilities required if awarded this project. Pending litigations (if any) will not affect the firm's ability to perform on this contract, if awarded.

Company Name: ______Authorized By (typed name): _____

Authorized Signature: _____

C. INSURABILITY STATEMENT

Please check appropriate item(s):

By submission of this form, this firm confirms the ability to acquire and maintain the required levels of insurance in accordance with general industry standards. It is the understanding of this firm that proof of insurance must be provided prior to contract execution and maintained throughout the entire term of the contract.

Company Name:	
Authorized By (typed name):	
Authorized Signature:	
Title:	Date: