



# Subcontractor Qualification Statement

Name of Firm \_\_\_\_\_ Type of Work Performed \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

State License # \_\_\_\_\_ If licensed in other states, please list states and license #:

Please provide the names and phone of your insurance and surety carriers. List your bonding limits and capabilities.

Provide your current EMR and your EMR for the two prior years:

Current EMR: \_\_\_\_\_ EMR for 2007: \_\_\_\_\_ EMR for 2006: \_\_\_\_\_

List if you changed your insurance carrier, over the past three years, a change will have an effect to your EMR

List of references. (Include Your Bank) (Name of Company, address, contact name, and phone number)

List any pending litigation and reason for same (use additional page if necessary)

List size of field staff: \_\_\_\_\_

Provide a list of current projects, include project name & location, value, expected completion and contact person.  
[\(Provide this information on a separate sheet of paper.\)](#)

List Union Affiliation and the current status your company has with the local: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Officer of the Company: \_\_\_\_\_ Date: \_\_\_\_\_