

VANTAGE BUILDERS, INC.

COMMERCIAL CONSTRUCTION

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Statement of Subcontractor Qualifications

For consideration with regard to: _____ Date: _____
(Project Name, or Reference)

Subcontractor must qualify in order to have its Bid on the above referenced Project considered responsive.

Give complete answers to the following questions (*attach additional pages if necessary*). **All statements made herein will be investigated and any misrepresentation of facts will result in exclusion of Bidder from bid list.**

Vantage Builders, Inc. will advise the Bidder of all final decisions on bidder qualification. Such decisions shall be made taking into account information on this form, as well as other information available to Vantage Builders, Inc.

1. State your Company's name, complete address, primary telephone number, primary fax number, primary e-mail address and website:

Name: _____

Address: _____

Telephone No.: _____ Fax No.: _____

E-mail: _____ Website: _____

2. State the categories of work for which your Company desires to be considered on the above Project:

3. List geographic areas covered: _____

4. List trades and state(s) in which your company holds licenses:

_____ License No.: _____

_____ License No.: _____

_____ License No.: _____

_____ License No.: _____

5. State your Company's form of organization: (i.e. corporation, partnership, sole proprietorship, LLC, etc.)

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6. If your Company is a corporation, state:
- a. Date of incorporation: _____
 - b. Place of incorporation: _____
 - c. Names and titles of all officers: _____

 - d. Names of all your company's subsidiaries, or parent corporations, and all brother/sister corporations giving the relationship of each to your company: _____

7. If your Company is a partnership, state:
- a. Date of formation: _____
 - b. State under whose laws the partnership was formed: _____
 - c. Whether partnership is general or limited: _____
 - d. Names and home address of all partners (indicate any limited partners): _____

 - e. Names of all companies controlled by your Company or any of the partners: _____

8. If your company is a sole proprietorship or some other organization other than a corporation or partnership, state:
- a. The type of organization and the date established: _____
 - b. Names and addresses of each of the principals: _____

 - c. Names of all companies controlled by your Company or any of its principals: _____

9. How many years has your organization been in business as a Contractor or Subcontractor under your present business name? _____
10. How many years experience in this type of construction work has your organization had?
- a. as a prime contractor: _____
 - b. as a subcontractor: _____
11. Safety:
- a. Does your company have a written Safety Program? Yes No
 - b. Does your company have a designated Safety Officer? Yes No
 - c. Has your company had any OSHA fines within the last 3 years? (If yes, please submit on a separate sheet the details describing the circumstances surrounding each accident.) Yes No
 - d. Has your company had any jobsite fatalities within the last 5 years? (If yes, please submit on a separate sheet the details describing the circumstances surrounding each accident.) Yes No
 - e. Please state your EMR rating for the past 3 years:
Year: _____ Rating: _____ / Year: _____ Rating: _____ / Year: _____ Rating: _____

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12. State:

- a. Number of employees: Office Personnel: _____ Field Personnel: _____
- b. Does your company have a written Quality Control Program? Yes No
- c. Does your company have a designated Quality Control Officer? Yes No
- d. The percentage of work normally completed with your own forces: _____
- e. The percentage of work your Company intends to complete itself on this Project: _____
- f. The nature of the work your company will perform itself on this Project and the trades which will be employed: _____

- g. The equipment that you own that is available for work: _____

- h. The nature of the work which your Company would expect to subcontract on this Project: _____

- i. List any collective bargaining agreements to which you are bound: _____

13. Claims and Suits. (If the answer to any of the questions below is yes, please attach details.):

- a. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or any of its officers, partners or principals? Yes No
- b. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes No

14. State the total dollar value of work which your company currently has under contract: _____

15. State the annual dollar volume of work completed by your company in the last three (3) years:

Year: _____ Amount: _____ / Year: _____ Amount: _____ / Year: _____ Amount: _____

16. List the names of the individuals who would be principally involved in this Project for your Company and for each give his/her title, a description of his/her function on the Project, and a history of his/her construction experience:

1. Name: _____ Title: _____

Description of Function: _____

Experience: _____

2. Name: _____ Title: _____

Description of Function: _____

Experience: _____

3. Name: _____ Title: _____

Description of Function: _____

Experience: _____

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17. State the names of all trade associations in which your Company is a member (if any): _____

18. List the name, address, telephone number and contact person for two (2) of your principal subcontractors and two (2) of your principal material suppliers:

1. Subcontractor's Name: _____

Address: _____

Telephone No.: _____ Contact Person: _____

2. Subcontractor's Name: _____

Address: _____

Telephone No.: _____ Contact Person: _____

3. Material Supplier's Name: _____

Address: _____

Telephone No.: _____ Contact Person: _____

4. Material Supplier's Name: _____

Address: _____

Telephone No.: _____ Contact Person: _____

19. Does your company have a D&B D-U-N-S Number? Yes No Number: _____

20. List the name and address of your Bank and give the name and telephone number of the person to contact as a reference for your Company:

Name: _____

Address: _____

Telephone No.: _____ Contact Person: _____

21. List the name and address of your Insurance Agent and give the name and telephone number of the person to contact as a reference for your Company. Also, please attach a copy of a blind Certificate of Insurance indicating all coverages which your Company carries.

Name: _____

Address: _____

Telephone No.: _____ Contact Person: _____

22. List the name and address of your Bonding Agent and give the name and telephone number of the person to contact as a reference for your Company:

Name: _____

Address: _____

Telephone No.: _____ Contact Person: _____

23. Do you currently have sufficient available bonding capacity to furnish payment and performance surety bonds on this Project? Yes No

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- 24. State your Company's payment and performance surety bond premium rates: _____
- 25. Are you currently in reorganization under Chapter 11 of the United States Bankruptcy Code, or, in any other manner seeking an arrangement or debt adjustment with your creditors? Yes No
- 26. Has any parent, subsidiary, brother/sister corporation, or any other company affiliated with your Company declared bankruptcy, or been placed into bankruptcy, in the last ten years? Yes No
- 27. Have any of your officers or principal operating personnel been employed by or associated with a company that has been in bankruptcy or ceased to operate at any time during the last ten years? If so, state the person's name, and the name of the company involved. Yes No
- 28. Has your company ever failed to complete any construction contract? If so, state the name of the Project, the total value of the contract, the date of said failure, and a brief explanation. Yes No

- 29. Have you or has any officer or partner in your organization ever been an officer or partner of some other contracting organization? If yes, state the following information: Yes No
Name: _____ Position: _____
Organization: _____
Name: _____ Position: _____
Organization: _____
Name: _____ Position: _____
Organization: _____

- 30. List all locations which in which your Company is licensed and/or registered to legally conduct business (include license and/or registration number where applicable):

- 31. Does your Company hold all necessary licenses to perform the work for which you desire to be considered for this Project? Yes No
- 32. Is your Company owned in whole or part by a federally recognized minority of any classification? Yes No
If so, please complete the following and attach a copy of any applicable certifications:
Name: _____ % Ownership: _____
Minority Classification: _____
Name: _____ % Ownership: _____
Minority Classification: _____
Name: _____ % Ownership: _____
Minority Classification: _____

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33. Have sanctions and/or penalties of any nature ever been imposed upon your Company by a Federal, state, or local government agency or body for failure to comply with Equal Opportunity Clause, contract provisions or Executive Order concerning the prohibition of discrimination by reason of race, color, creed, or sex? If so, identify the agency imposing the sanction or penalty, the date thereof and explain the circumstances surrounding imposition. Yes No
34. Has your company ever been listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with Executive Orders 12549 and 12689, "Debarment and Suspension." This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory or regulatory authority other than Executive Order 12549. If so, identify the agency imposing the sanction or penalty, the date thereof and explain the circumstances surrounding imposition. Yes No

Subcontractor: _____

By: _____

Attest:

Title: _____ Date: _____

State of: _____ County of: _____

I hereby certify that the answers to the above questions and all statements herein contained are true and correct, and that these answers are given and statements made with the intent that they be relied upon by Vantage Builders, Inc. in determining whether my Company is qualified to perform work on the above Project. Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public