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[www.tri-hurstconstruction.com](http://www.tri-hurstconstruction.com)



## SUBCONTRACTOR QUALIFICATION STATEMENT

Date:

### Company Information

Company Name:		Company Website:	
President/Owner/Partner Name:		Other Contact Name/Title:	
President/Owner/Partner Name:		Other Contact Name/Title:	
Phone:	Contact Email:		
Fax:	Other Contact Email:		
National Construction Trade Association Memberships:			

### Principal Office

Corporation     Sole Proprietor     LLC     Partnership     Joint Venture     Other

### Type of Work

General Construction     HVAC     Electrical     Plumbing  
 Other (please specify)

### Organization

How many years has your organization been in business as a Contractor?

How many years has your organization been in business under its present business name?

Under what other or former names has your organization operated?

If your organization is a **corporation**, answer the following:  
Date of Incorporation:  
State of Incorporation:  
President's Name:

If your organization is a **partnership**, answer the following:  
Date of Organization:  
Type of partnership (if applicable):  
Names of General Partners:

If your organization is a **individually owned**, answer the following:  
Date of Organization:  
Name of Owner:

### Licensing

List jurisdictions and trade categories in which your organization is legally qualified to do business and indicate registration or license number, if applicable:

List Jurisdictions in which your organization's partnership or trade name is filed.

## Experience

List categories of work that your organization normally performs with its own forces.

**Claims & Suits** (If answer is yes, please attach details) Has your organization ever failed to complete any work awarded to it? And are there any judgements, claims, argitration proceedings or suits pending or outstading against your organization or its officers?

Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If answer is yes, please attach details.)

**On a separate sheet**, please list major construction projects your organization has in progress, giving name of project, architect, contreact amount, percent complete and scheduled completion date.

State total worth of work in progress and under contract:

**On a separate sheet**, pleast list the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion and percentage of the cost of work performed with your own forces.

**On a separate sheet**, please list the construction experience and qualifications of key individuals of your organization.

## Trade References

Please list Trade References:

1.	Name:	Contact:
	Address:	Contact Phone Number:
	City/State/Zip:	
2.	Name:	Contact:
	Address:	Contact Phone Number:
	City/State/Zip:	
3.	Name:	Contact:
	Address:	Contact Phone Number:
	City/State/Zip:	

## Banking References

Name of Bank:	Location
Line of Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount outstanding:
Contact	Phone Number:

**Bonding and Insurance**

Name of Bonding Company:
Name of Agent:
Street Address:
City/State/Zip:
Agent's Phone Number:
What is your 3 year Workers Comp EMR (Experience Modification Rate)?
<a href="#">Please submit copy of Workers Comp and Liability insurance Certificate</a>

**Financing**

[Attach a financial statement](#) , including your organization's latest balance sheet and income statement showing the following items: Current Assets, Net Fixed Assets, and Current Liabilities. Give name and address of firm preparing attached financial statement, and date thereof:

I hereby certify that the information submitted herewith, including any attachments is true and sufficiently complete so as not to be misleading.

Submitted By:	Signature
Title	Date

[Please return completed form to jonna@tri-hurstconstruction.com](mailto:jonna@tri-hurstconstruction.com)