423-894-5480 FAX: 423-894-5458

## **CONTRACTOR QUALIFICATION INFORMATION**

## **CONTACT INFORMATION** Type of Work Your Company normally Performs: Company Name: City:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Primary Contact: \_\_\_\_\_\_ Position: \_\_\_\_\_ Phone: Email: Secondary Contact:\_\_\_\_\_\_Position: \_\_\_\_\_ Phone: Email: **COMPANY STRUCTURE** Corporation Individual Partnership Sole Proprietor Describe your organization and name the principles: ADDITIONAL INFORMATION How many years has your company been in business as a contractor? years How many years has your company been in business under its present business name?\_\_\_\_\_\_years Has your company operated under other business names: \_\_\_\_Yes/No If Yes: Name:\_\_\_ \_\_\_\_years Has your company ever defaulted on a contract? \_\_\_\_\_Yes/No If yes, when and

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	List all major construction projects your company currently has in process.		
	Provide a list of references. (Include clients and vendors)		
	<u>Firm</u> <u>Contact Name</u>	Phone Number	
		aa	
BANK	REFERENCE		
	Bank Name:	_	
	Contact Name: Phone:	_	
BOND	ING COMPANY INFORMATION		
	Name of Issuing Co:	_	
	Agent: Phone:		
	Address:		
	City: Zip:	_	
	Rate: Capacity per project: Total Capacity:		
FINAN	NCIALS STATEMENTS		
	Attach a copy of both your current and prior year monthly financial state	ements.	
	Current Line of Credit, if any? Unused amount of Lin	e of Credit:	
	Are all current Line of Credits satisfied?		
INSUR	RANCE REQUIREMENTS		
	Per Project General Conditions		
PREQU	UALIFICATION SAFETY FORM		
	Experience Modification Rate 2012 2013		
	Do you have a written safety program?		