



Subcontractor Qualification Statement

2. LICENSES

2.1 License numbers (List types and number):

Attach copy of each License

2.1.a. D.C.

2.1.b. Maryland

2.1.c. Virginia

2.1.d. Other

3. EXPERIENCE

3.1 How much of your work is done on each of the following project types?

(check as appropriate):

Commerical:	<i>None</i>	<i>Some</i>	<i>Most</i>	<i>All</i>
<i>Office Space</i>				
<i>Retail Space</i>				
<i>Food Service</i>				
<i>Lodging</i>				
<i>Renovations</i>				
Institutional:	<i>None</i>	<i>Some</i>	<i>Most</i>	<i>All</i>
<i>Health Care Facilities</i>				
<i>Correctional Facilites</i>				
<i>Educational Facilities</i>				
<i>Parks or Recreational</i>				
<i>Renovations</i>				
Residential:	<i>None</i>	<i>Some</i>	<i>Most</i>	<i>All</i>
<i>Single-Family</i>				
<i>Multi-Family</i>				
<i>Others</i>				

3.2 Claims and Suits

3.2.a Has your organization ever failed to complete any work awarded to it?

3.2.b. Any judgments, claims, suits pending or outstanding against your organization or officers?

3.3. In a separate attachment, provide a list of projects in progress, giving the nature of the project, contract amount and percentage of completion.



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3.4 In a separate attachment, provide a list of projects completed within the past year.

3.5 What was your annual volume over the last three years?

20__

20__

20__

3.6 Provide a list of key individuals within your organization.

3.7 Number of Employees:

Office:

Field:

4. REFERENCES

4.1 Supplier References:

1. Name:

Contact:

Address:

Phone #:

2. Name:

Contact:

Address:

Phone #:

3. Name:

Contact:

Address:

Phone #:

4.2 Client or Character References:

1. Name:

Contact:

Address:

Phone #:



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2. Name:
Contact:
Address:

Phone #:

3. Name:
Contact:
Address:

Phone #:

4.3 Bonding/Insurance

- 4.3.a. Bonding Company:
- 4.3.b. Name and Address of Agent:
- 4.3.c. Provide a current CERTIFICATE OF INSURANCE with ADI name as insured:

5. FINANCIAL

5.1 Bank References:

1. Name: _____
Contact: _____
Address: _____

Phone #: _____

2. Name: _____
Contact: _____
Address: _____

Phone #: _____

3. Name: _____
Contact: _____
Address: _____

Phone #: _____



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6. CERTIFICATION

I, the undersigned, hereby certify that the above information is true and correct.

Date: Signature: ADI Subcontractor Qualification Statement.doc
Name:
Title

***WE WILL NEED A UPS OR FEDEX NUMBER FOR SHIPPING PLANS, OR YOU MAY PICK THEM UP AT OUR OFFICE.**

UPS #
FEDEX#