



SUBCONTRACTOR QUALIFICATION STATEMENT

This Qualification Statement must be completed and returned before your Firm can be entered into our database, allowing your Firm to bid our projects. Please send completed statements to info@adigc.com.

Subcontractor Name: _____

Address: _____

Phone: _____ Fax: _____

Estimating Contact: _____ Email Address: _____

Trades performed by your Organization: _____

1. ORGANIZATION

1.1 Year Firm Established: _____

1.2 Type of Business:

Sole Proprietorship
Partnership
Corporation

Limited Liability Corporation (LLC)
If LLC:

Partnership Corporation

State Incorporated: _____

Dun & Bradstreet Number: _____

NAICS Code: _____

1.3 Names of Officers of Firm (if incorporated):

1.3.1 President: _____

1.3.2 Vice President: _____

1.3.3 Secretary: _____

1.3.4 Treasurer: _____

1.4 Names of Owners, Partners, or Proprietors (if Partnership or Sole Proprietorship):



1.5 Is your Firm classified as any of the following: *(check all that apply)*

- Union Non-Union
- Small Business Concern, if yes:
 - Women-Owned
 - Veteran-Owned
 - Service Disabled
- Small Disadvantaged, if yes:
 - Black American
 - Hispanic American
 - Native American
 - Asian-Pacific American
 - Subcontinent Asian American
 - Individual/concern, other than one of the preceding

If yes to any of the above, is your Firm a HUBZone Small Business Concern:

- Yes No

2. LICENSES – Attach Copies of all Current Licenses

2.1 License Information:

State	Type	Classification	License Number	Expiration Date



3. EXPERIENCE

3.1 How much of your work is done on each of the following project types: *(check all that apply)*

	None	Some	Most	All
Commercial:				
Office Space:				
Retail Space:				
Food Service:				
Lodging:				
Renovations:				
New Construction:				
Institutional:				
Healthcare Facilities:				
Correctional Facilities:				
Educational Facilities:				
Parks or Recreational:				
Renovations:				
Government Facilities:				
Residential:				
Single-Family:				
Multi-Family:				
Other:				



3.2 Claims and Suits

3.2.1 Has your Organization ever failed to complete work awarded to it?

Yes No

3.2.2 Any judgments, claims, suits pending or outstanding against your Organization or Officers?

Yes No

3.3 On a separate sheet of paper, provide a list of projects in progress – giving the name of the project, contract amount, and percentage of completion.

3.4 On a separate sheet of paper, provide a list of major projects completed within the past year.

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

20__ _____

20__ _____

20__ _____

3.6 Percentage of Work Subcontracted? _____

3.6.1 What is subcontracted?

3.7 Provide a list of key individuals and their title:

> _____
> _____
> _____
> _____
> _____
> _____

3.8 Number of Employees

Office: _____

Field: _____



4. REFERENCES

4.1 Supplier References:

4.1.1 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.1.2 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.1.3 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.2 Client or Character References:

4.2.1 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.2.2 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.2.3 Name: _____
Contact: _____
Phone Number: _____
Address: _____



4.3 Superintendent or Project Manager References:

4.3.1 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.3.2 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.3.3 Name: _____
Contact: _____
Phone Number: _____
Address: _____

4.4 Bonding/Insurance

4.4.1 Bonding Company: _____

4.4.2 Name and Address of Agent: _____

4.4.3 Bonding Limits:

4.4.3.1 Per Project: \$ _____

4.4.3.2 General Aggregate: \$ _____

4.4.4 Provide a current Certificate of Insurance (COI). Requirements listed below:

Certificate Holder: ADI Construction of Virginia LLC
5407-A Port Royal Rd.
Springfield, VA 22151

4.4.5 Provide a current W-9 showing your Firm's legal name and any other business names.



5. FINANCIAL

5.1 Bank References:

5.1.1 Name: _____
Contact: _____
Phone Number: _____
Address: _____

5.1.2 Name: _____
Contact: _____
Phone Number: _____
Address: _____

5.1.3 Name: _____
Contact: _____
Phone Number: _____
Address: _____

6. CERTIFICATION

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

Signature: _____

Name: _____

Title: _____

Date: _____

Email Address: _____