

Northern Construction Corp.

## SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

FIRM NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TRADE: \_\_\_\_\_

### 1. TYPE OF ORGANIZATION

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE OWNERSHIP \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

WHERE INCORPORATED \_\_\_\_\_

WHEN INCORPORATED \_\_\_\_\_

### 2. CERTIFICATION (please submit proof)

STATE CERTIFICATION \_\_\_\_\_ STATE \_\_\_\_\_

OTHER \_\_\_\_\_

### 3. LIST ALL LICENSES AND CERTIFICATIONS OF THE FIRM, AND/OR NAME OF INDIVIDUAL HOLDING THE LICENSE UNDER WHICH THE WORK OF THE FIRM IS PERFORMED.




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**4. PRINCIPALS OF FIRM**

<b>NAME</b>	<b>TITLE</b>	<b>YEARS EXPERIENCE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. FINANCIAL INFORMATION**

**LIST BANK REFERENCES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONDING CAPACITY:** \_\_\_\_\_  
**BONDING COMPANY:** \_\_\_\_\_

*PLEASE INCLUDE LETTER FROM BONDING COMPANY (SUNSHINE LETTER)*

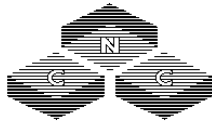
**6. DESCRIBE THE INSURANCE YOUR FIRM IS CAPABLE OF PROVIDING:**

<b>TYPE OF INSURANCE</b>	<b>CARRIER</b>	<b>COVERAGE</b>	<b>POLICY LIMIT</b>	<b>EXCLUSIONS</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*PLEASE INCLUDE INSURANCE CERTIFICATE*

**7. WHAT WORK DOES YOUR FIRM PERFORM WITH THEIR YOUR OWN FORCES?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

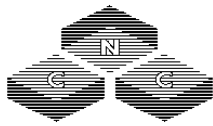


**8. TYPICAL CONTRACTS RECENTLY COMPLETED (LAST THREE YEARS)**

PROJECT: _____
LOCATION: _____
ARCHITECT: _____
CONTRACT AMOUNT: _____
PROJECT: _____
LOCATION: _____
ARCHITECT: _____
CONTRACT AMOUNT: _____
PROJECT: _____
LOCATION: _____
ARCHITECT: _____
CONTRACT AMOUNT: _____

**9. LIST MAJOR PROJECTS CURRENTLY UNDER CONTRACT**

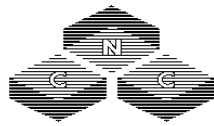
PROJECT: _____
LOCATION: _____
ARCHITECT: _____
PERCENT COMPLETED: _____
CONTRACT AMOUNT: _____
PROJECT: _____
LOCATION: _____
ARCHITECT: _____
PERCENT COMPLETED: _____
CONTRACT AMOUNT: _____



PROJECT: _____
LOCATION: _____
ARCHITECT: _____
PERCENT COMPLETED: _____
CONTRACT AMOUNT: _____

**10. LIST CONSTRUCTION MANAGER(S) WITH WHOM YOU HAVE WORKED:**

NAME: _____
ADDRESS: _____
PERSON TO CONTACT: _____
PHONE NUMBER: _____
NAME: _____
ADDRESS: _____
PERSON TO CONTACT: _____
PHONE NUMBER: _____
NAME: _____
ADDRESS: _____
PERSON TO CONTACT: _____
PHONE NUMBER: _____



**Northern Construction Corp.**

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**11. SIGNATURE**

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**SIGNATURE**

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**TITLE**

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**DATE**