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NAME OF ORGANIZATION: _____

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP OTHER _____

MBE WBE DBE VBE SBE NATIVE AMERICAN N/A OTHER _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

PRIMARY CONTACT: _____ TITLE: _____

EMAIL ADDRESS: _____ WEBSITE: _____

FEDERAL TAX ID NUMBER: _____

YEAR COMPANY STARTED: _____ NO. OF EMPLOYEES: _____

NAME OF PRINCIPAL: _____ TITLE: _____

NAME OF PRINCIPAL: _____ TITLE: _____

TYPE OF WORK QUALIFIED TO PERFORM (*MASONRY, STEEL, ETC.*), AND LICENSE NUMBER(S), IF APPLICABLE:

_____/_____
_____/_____

FOR ALL BELOW QUESTIONS, IF ANSWER IS "YES", PLEASE ATTACH DETAILS ON SEPARATE PAGE:

HAVE YOU EVER FAILED TO COMPLETE A PROJECT? Y N

HAVE YOU EVER FAILED TO COMPLETE A PROJECT ON TIME? Y N

HAVE YOU EVER HAD A CONTRACT TERMINATED DUE TO PERFORMANCE? Y N

HAS COMPANY OR ANY OF ITS OWNERS DECLARED BANKRUPTCY IN THE LAST 5 YEARS? Y N

HAS COMPANY OR ANY OTHER ORGANIZATION WITH WHICH YOUR OFFICERS WERE INVOLVED
DURING THE PAST 3 YEARS EVER BEEN IN BANKRUPTCY OR VOLUNTARY REORGANIZATION? Y N

ARE THERE ANY JUDGMENTS, CLAIMS, ARBITRATION PROCEEDINGS, OR SUITS PENDING
AGAINST YOUR COMPANY OR ANY OF ITS OFFICERS/PRINCIPALS? Y N

HAS YOUR COMPANY FILED ANY LAWSUITS OR REQUESTED ARBITRATION OR MEDIATION
WITH REGARD TO CONSTRUCTION CONTRACTS WITHIN THE LAST 5 YEARS? Y N

IS COMPANY BONDABLE? Y N

BOND RATE %: _____

SINGLE PROJECT LIMIT: _____ AGGREGATE: _____

BONDING COMPANY: _____ SINCE: _____

BONDING AGENT: _____ SINCE: _____

CONTACT PERSON: _____ PHONE: _____

{PLEASE ATTACH A FORMAL LETTER FROM YOUR BONDING COMPANY.}

INSURANCE COMPANY: _____ SINCE: _____

INSURANCE AGENT: _____ SINCE: _____

CONTACT PERSON: _____ PHONE: _____

{PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF INSURANCE.}

WHAT IS YOUR CURRENT WORKER'S COMPENSATION EXPERIENCE MOD. RATING (EMR): _____

WHAT IS YOUR OSHA INCIDENT RATE FOR THE PAST 3 YEARS:

20____ / _____
YEAR RATE

20____ / _____
YEAR RATE

20____ / _____
YEAR RATE

HAS YOUR FIRM HAD ANY OSHA CITATIONS, FINES, OR JOBSITE FATALITIES WITHIN THE PAST 5 YEARS?
(IF YES, PLEASE ATTACH DETAILS.) Y N

BANKING:

PRIMARY BANK/BRANCH: _____ SINCE: _____

ADDRESS: _____ CITY: _____

CONTACT PERSON: _____ PHONE: _____

PRIMARY BANK/BRANCH: _____ SINCE: _____

ADDRESS: _____ CITY: _____

CONTACT PERSON: _____ PHONE: _____

REFERENCES – PLEASE PROVIDE 5 REFERENCES, INCLUDING OWNERS, ARCHITECTS, AND AT LEAST 2 GENERAL CONTRACTORS FOR WHOM YOU HAVE WORKED WITHIN THE LAST 5 YEARS:

PROJECT: _____ YEAR: _____

COMPANY: _____ PHONE: _____

NAME: _____ EMAIL: _____

PROJECT: _____ YEAR: _____

COMPANY: _____ PHONE: _____

NAME: _____ EMAIL: _____

PROJECT: _____ YEAR: _____

COMPANY: _____ PHONE: _____

NAME: _____ EMAIL: _____

PROJECT: _____ YEAR: _____

COMPANY: _____ PHONE: _____

NAME: _____ EMAIL: _____

PROJECT: _____ YEAR: _____

COMPANY: _____ PHONE: _____

NAME: _____ EMAIL: _____

SUPPLIERS (ATTACH ADDITIONAL PAGES, AS NEEDED):

SUPPLIER NAME & LOCATION: _____

CONTACT: _____ PHONE: _____

SUPPLIER NAME & LOCATION: _____

CONTACT: _____ PHONE: _____

PLEASE LIST ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD BE BENEFICIAL IN DETERMINING YOUR ORGANIZATION'S QUALIFICATIONS:

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. I FURTHER CERTIFY THAT I AM AUTHORIZED TO COMPLETE THIS QUALIFICATION STATEMENT, AND, BY MY SIGNATURE BELOW, I AUTHORIZE CHANEY-COX CONSTRUCTION, INC. TO CONTACT ALL REFERENCES PROVIDED.

PRINTED NAME

TITLE

SIGNATURE

DATE