



(858) 848-5048 | Contact@Elevatedremodelingsd.com

### SUBCONTRACTORS QUALIFICATION STATEMENT

NAME: \_\_\_\_\_

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

List physical address if different from above: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

License #: \_\_\_\_\_

Class: \_\_\_\_\_

Expiration: \_\_\_\_\_

Federal ID#: \_\_\_\_\_

Trades your company performs: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Owners / Partners / Officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Owners Contact Number

Name: \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_

List names of all construction projects your organization has in progress at this time on the attached information sheet provided.

Lists names of major construction projects your organization has completed in the last two years on the attached information sheet provided.

**INSURANCE:**

Name of Liability Insurance Company: \_\_\_\_\_

Expiration Date of Liability Coverage: \_\_\_\_\_

Limits of Liability Insurance: \_\_\_\_\_

Name of Worker's Compensation Company: \_\_\_\_\_

Expiration Date of Auto Liability Coverage: \_\_\_\_\_

Name of Auto Liability Company: \_\_\_\_\_

Expiration Date of Auto Coverage: \_\_\_\_\_

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Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_