



Contractor Qualification Form

It is our policy, before we use quotes or sign contracts, to ask contractors to submit this qualification form. This enables us to categorize contractors within their trade by types and sizes of contracts they can handle.

Please complete the form and submit the following attachments with it:

- Licenses (copies of your current license or certification, if you are an electrician, plumber, asbestos handler, or in any other trade that requires a license or certification to perform work);
- Resumes (copies of the resumes of all your key people— that is, officers, partners, owners, and managers with experience in the type of work for which you seek qualification)

1. Contractor Identity

Area of Expertise _____

Company Name _____

Address _____

Phone # _____ Fax # _____ E-mail address _____

Tax ID or SS # _____ Contact person _____

Type of company: Sole proprietorship Corporation Partnership Date formed _____

States in which the company is legally qualified to do business _____

Total number of employees _____

Names of key people in company _____

Has the company operated under any other name in the past five (5) years? Yes No

Is yes, give name(s) _____

2. MBE/WBE/SBE Certification

Is the company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), or any other type of certified business enterprise? Yes No

If yes, list _____

3. Bank Reference

Does the company have a line of credit from any lending institution? Yes No If yes, give details

AMT. OF CREDIT	OUTSTANDING BALANCE	LENDER'S NAME/ INSTITUTION	LENDER'S NAME/PHONE #
----------------	---------------------	----------------------------	-----------------------

4. Insurance *(Please provide certificate with this completed form)*

Insurance company name/ address _____

Insurance agent name/ address/ phone # _____

Primary Limit of Liability _____ Each Occurrence _____

5. Workers' Compensation

Please provide up-to-date certificate with this completed form.

6. Bonding Capacity

Do you have bonding? Yes No If yes, give details

Single project limit _____ Aggregate limit _____

Bonding company name/ address _____

Bonding agent name/ address/ phone # _____

7. Labor

Is your company a union shop? Yes No If yes, list trades _____

8. Completed Projects (Summarizes representative projects completed in the past five (5) years)

NAME OF PROJECT	SCOPE OF WORK	CONTRACT AMOUNT	COMPLETION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Current Projects (Summarize current projects)

NAME OF PROJECT	SCOPE OF WORK	CONTRACT AMOUNT	COMPLETION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Trade References (List a couple of your subcontractors or suppliers)

NAME OF PROJECT	SCOPE OF WORK	CONTRACT AMOUNT	COMPLETION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Client References (List three clients)

NAME OF PROJECT	SCOPE OF WORK	CONTRACT AMOUNT	COMPLETION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Other Information

Has your company or any of its people been a party to a bankruptcy or reorganization proceeding? Yes No
If yes, give date _____

During the past five (5) years, have any liens been filed against you by any of your subcontractors or suppliers?
 Yes No If yes, give details for any liens over \$5,000 _____

Have you ever failed to complete a contract, been defaulted, or had a contract terminated? Yes No
If yes, give details _____

In the past five (5) years, has your company or any of its key people been involved in any lawsuits arising from construction projects? Yes No If Yes, give details _____

In the past five (5) years, has your company or any of its key people been investigated for or found to have committed a violation of any labor law? Yes No If Yes, give details _____

In the past five (5) years, has your company or any of its key people been investigated for or found to have committed a serious OSHA violation? Yes No If Yes, give details _____

Is there any other information you would like to give us? _____

Please scan and email completed form to:

Dept. of Estimating
estimating@jcibuilds.com
-OR-
Fax: 440-998-1485

JCI Contractors, Inc. is an open shop, non-union commercial & industrial construction company and encourages both union and non-union subcontractors to apply for qualification.



General Contractors
Construction Managers
Design-Build

www.jcibuilds.com