

SUBCONTRACTOR'S QUALIFICATION FORM

Trade(s): _____ Date: _____

Name of Company: _____

Mailing Address: _____

City State ZIP Code

Shipping Address: _____

City State ZIP Code

Phone: () _____ Point of Contact: _____

FAX: () _____ E-mail Address: _____

Owners/Officer: _____

Type of Entity: Sole Proprietorship Partnership Corporation Federal ID# _____

Years in Business: _____ Contractor License / Certificate # _____ State _____ Classification _____

Does your company qualify as a : Small Business Enterprise Woman Owned Small Dis-advantaged 8a Veteran Owned Service Disabled Veteran Owned HUB Zone

Has your company: Ever operated under another name? YES NO Ever failed to complete a project? YES NO Ever filed bankruptcy? YES NO

If "YES" Please Explain

Have your Principals: Ever worked for a company that failed to complete a project? YES NO Ever worked for a company that filed bankruptcy? YES NO

If "YES" Please Explain

Resources & Bonding

What is company average annual volume for the last three years? \$ _____ Average number of employees: _____

What is your company's current bonding capacity? Total \$ _____ Single Project:\$ _____

Name of Bonding Company _____

What is the largest contract ever performed? \$ _____ Current value of work on hand: \$ _____

Experience

Does your company have experience on similar projects? If yes, please list.

Project Name & Location _____ Subcontract Amount : \$ _____

Project Name & Location _____ Subcontract Amount : \$ _____

Project Name & Location _____ Subcontract Amount : \$ _____

Requested Attachments – References & Insurance

Attach a list of References for the following: 1) General Contractors 2) Trade References 3) Bank References

Note: Please include a point of contact and their phone / fax numbers

Attach a current certificate showing: 1) G/L & WC insurance 2) Date of Renewal 3) Limits

Mail this completed form and attachments to:

Lincoln Builders, Inc.
P.O. Box 400
Ruston, LA 71273-0400