

GILLAM & ASSOCIATES, INC.  
SUBCONTRACTOR QUALIFICATION

(Please print or type all answers.)

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Scope of Work: \_\_\_\_\_  
\_\_\_\_\_

1. Please list minimum of three (3) vendors/suppliers currently extending credit to your company.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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2. List states where licensed/work: \_\_\_\_\_
3. Is your Company in compliance with all employment and immigration laws and in possession of all legally required paperwork including I-9s on all of your employees? \_\_\_\_\_
4. Please list names of your insurance companies, and agents' names, addresses and telephone numbers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If bonding is available, please enclose a letter from your surety company certifying your current bonding capacity and status.
6. Please list minimum of three (3) General Contractors you have completed contracts with in the last two (2) years.
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Job Name: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Job Name: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Job Name: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Job Name: \_\_\_\_\_
7. If requested, would you be willing to promptly provide a current statement of financial condition?  
(If no, please explain) \_\_\_\_\_

8. If a corporation, please state the date of incorporation: \_\_\_\_\_

9. Please list your corporate officers:

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

10. Please list the names of other primary office personnel (i.e., office manager, estimator, senior project manager).

<u>Name</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____
_____	_____

11. Please provide the following information:

Gross \$ Volume for Year

2016 \$ \_\_\_\_\_  
2015 \$ \_\_\_\_\_  
2014 \$ \_\_\_\_\_  
2013 \$ \_\_\_\_\_

The undersigned certifies that all statements and answers shown herein are true and correct.

By: \_\_\_\_\_ Title: \_\_\_\_\_

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

Return to: Gillam & Associates, Inc.  
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Aiken, SC 29802-1607  
Fax (803) 642-9769  
Email: info@gillamandassociates.com