

Physical Address:
1652 Columbia Hwy.
Aiken, SC 29801



Mailing Address:
PO Box 1607
Aiken, SC 29802-1607

Gillam & Associates, Inc.
Construction • Engineering

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: () _____

Subcontractor Qualification Form
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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) _____

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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

2017 \$ _____
2016 \$ _____
2015 \$ _____
2014 \$ _____

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

By: _____ Title: _____

Date: _____

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