



SUBCONTRACTOR QUALIFICATION STATEMENT

COMPANY _____ TYPE OF WORK YOUR COMPANY DOES _____
 ADDRESS _____
 _____ OWNER NAME _____
 PHONE _____ ESTIMATOR _____
 FAX _____ E-MAIL ADDRESS _____
 FEDERAL ID# _____ CONTRACTOR LICENSE # _____
 NO OF EMPLOYEES _____ YEARS IN BUSINESS _____

BUSINESS TYPE: Sole Proprietor Partnership Corporation

Please list no less than 3 General Contractors that you have worked for in the past 6 months below.

GEN'L CONTRACTOR _____	CONTACT NAME _____
ADDRESS _____	PHONE# & FAX _____
_____	PROJECT _____
GEN'L CONTRACTOR _____	CONTACT NAME _____
ADDRESS _____	PHONE# & FAX _____
_____	PROJECT _____
GEN'L CONTRACTOR _____	CONTACT NAME _____
ADDRESS _____	PHONE# & FAX _____
_____	PROJECT _____

INSURANCE INFORMATION -WHAT DO YOU CARRY? **WHAT IS YOUR MOD RATE:** _____

INSURANCE TYPE	LIABILITY LIMITS	EFFECTIVE	EXPIRES	CARRIER NAME
GENERAL LIABILITY				
AUTO				
UMBRELLA LIMITS				
WORKERS COMP.				

You may submit your certificates of insurance for review. If we have any questions or need additional coverage you will be notified. No subcontractor will be allowed on-site until certificates are in place with us. For all subcontractors working on-site who have employees a **Wavier of Subrogation for Workers Compensation will be required.**

For a copy of H&A's insurance requirements please contact our office @ 503-639-6148 or e-mail your request to office@h-aconstruction.com.