CONSTRUCTION CONTRACTOR'S QUALIFICATION STATEMENT

Submitted by:				
Name of Organization				
Name of Individual				
Title				
Address				
Telephone				
•				
Submitted to:				
Name				
Address				
Telephone				
-				
Project Name and Des	scription (if appli	cable)		

Contractor' General Business Information Check If: Corporation Partnership ☐ Joint Venture ☐ Sole Proprietorship If Corporation: Date and State of Incorporation a. List of Executive Officers b. Name Title If Partnership: Date and State of Organization a. b. Names of Current General Partners c. Type of Partnership General ☐ Publicly Traded Other (describe): Limited If Joint Venture: Date and State of Organization a. b. Name, Address and Form of Organization of Joint Venture Partners: (Indicate managing partner by an asterisk *)

On Schedule A, attached, list major engineered construction projects completed by this
organization in the past five (5) years. (If joint venture, list each participant's projects separately).
On Schedule B, attached, list current projects under construction by this organization, (If joint
venture, list each participant's projects separately)
On Schedule C, attached, provide details of the construction experience of the principal
individuals of your organization directly involved in construction operations.
Does your organization possess a valid State of Nevada contractor's license of a class
corresponding to the work to be performed?
☐ Yes ☐ No
If yes, list the license number(s) and classification(s).
List the licensed categories of work that your company normally performs with its own workforce.
If required, can your organization provide a bid bond for this project? Yes No
What is your approximate total bonding capacity?
\$500,000 to \$2,000,000
\$2,000,000 to \$5,000,000
\$5,000,000 to \$10,000,000
\$10,000,000 or more
Name of surety company and name, address, and phone number of agent.

9.	Does your organization have the ability to obtain and maintain insurance coverage for public liability and property damage, and all other insurance as specified and for the limits required in the contract documents? Yes No
10.	Is your organization a member of a controlled group of corporations as defined in I.R.C. Sec. 1563? Yes No If yes, show names and addresses of affiliated companies.
11.	Has your organization ever failed to complete any construction contract awarded to it? Yes No If yes, describe circumstances and provide details on attachment.
12.	Has any Corporate officer, partner, joint venture participant or proprietor ever failed to complete a construction contract awarded to him or her in their own name or when acting as a principal of another organization? Yes No If yes, describe circumstances and provide details on attachment.
13.	In the last five years, has your organization ever failed to substantially complete a project in a timely manner? Yes No If yes, describe circumstances and provide details on attachment.
14.	Does your organization now have any legal suits or arbitration claims pending or outstanding against it or any officers? Yes No If yes, describe circumstances and provide details on attachment.
15.	Has your organization had a contract partially or completely terminated for default (cause) within the past five years?

	☐ Yes ☐ No
	If yes, describe circumstances and provide details on attachment.
16.	Has your organization been disqualified from being awarded a contract pursuant to NRS 338.017 or 338.13895? Yes No
	If yes, describe circumstances and provide details on attachment.
17.	Has your organization been convicted of a violation for discrimination in employment during the 2 years immediately preceding the date of application?
	Yes No If yes, describe circumstances and provide details on attachment.
18.	Has your organization been disciplined or fined by the State of Nevada Contractor's Board or another state or federal agency for conduct that relates to the ability to perform the work required for this project? Yes No If yes, describe circumstances and provide details on attachment.
19.	Does your organization have a safety program that complies with the requirements of NRS Chapter 618?
	☐ Yes ☐ No
20.	Describe the permanent safety program you maintain within your organization. Use attachment if necessary.
21.	During the 5 years immediately preceding the date of this bid, has your organization filed as a debtor under the provisions of the United States Bankruptcy Code? Yes No
	If yes, describe circumstances and provide details on attachment.

22.	During the 5 years im	imediately preceding the date of this bid, has your organization, as a result						
	of causes within the c	control of your organization or a subcontractor or supplier of your						
	organization, failed to	organization, failed to perform any contract:						
	(a) In the manner	specified by the contract and any change orders initiated or approved by the						
	-	vernmental entity that awarded the contract or its authorized representative? No						
	If yes, descri	be circumstances and provide details on attachment.						
	(b) Within the tim	ne specified by the contract unless extended by the person or governmental						
	entity that aw	entity that awarded the contract or its authorized representative?						
	Yes	No						
	If yes, descri	be circumstances and provide details on attachment.						
	(c) For the amount of money specified in the contract or as modified by any change orders							
	initiated or ap	initiated or approved by the person or governmental entity that awarded the contract or its						
	authorized re	authorized representative?						
	Yes	No						
	If yes, descri	be circumstances and provide details on attachment.						
23.	Furnish the following your organization.	information with respect to an accredited banking institution familiar with						
	Name of Bank							
	Address							
	Account Manager							
	Telephone							
	eby certify that the information of the certify that the information of the certific that the certific	mation submitted herewith, including any attachment is true to the best of						
		By:						
		Title:						
		Dated:						

Schedule A – List of Major Construction Projects Completed in the Past Two (2) Years

Name, Location and
Description of Project
Owner
Design Engineer
Date Completed
Contract Price
Reference/Contact
& Address & Phone

<u>Schedule B – List of Current Projects Under Construction</u>

Name, Location and
Description of Project
Owner
Design Engineer
Owner
Design Engineer
Contract Price
Amount
Completed
Completion
Amount
Completed
Completion
Reference/Contact
& Address & Phone

<u>Schedule C - Construction Experience of Principal Individuals Involved in Construction Operations</u>

		Date started with	Date started in	Prior positions and experience in
Name	Position	this organization	construction	Construction.