

H. G. REYNOLDS COMPANY INC.

Building Contractors Since 1948

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SUBCONTRACTOR QUALIFICATION STATEMENT

For Pickens County School District Project - New Technology/Career Center

[Please type or print legibly]

Date: _____

Company Name: _____

Telephone: _____

Address: _____

Fax: _____

Contact: _____

I. Company History:

Trade of Work: _____

Years in Business: _____

Partnership:___ Corporation:___ Individual:___

Fed. Tax ID or SS# _____

Contractor's License No. _____

Officer and/or Officers: 1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____

Average work in place during last 5 years: \$ _____ Work under contract: \$ _____

Average project size in place last year: \$ _____ Uncompleted backlog: \$ _____

Size of projects preferred: \$ _____ Project location preferred: _____

Does the company have offices, plants, or warehouses at other locations: Yes ___ No ___

If yes, list addresses:

II. Reference Projects:

Three [3] Reference Projects: [In the past 5 years of similar size and complexity to the subcontract work proposed for this project and at least 50% complete]

1. Project Title/Location: _____

Short Description: _____

Dates of Work: _____

Subcontract Value: _____

Prime Contractor having first hand knowledge of Subcontractor's performance:

Name: _____ Company: _____

Tele.#: _____

Identify Key Personnel on this Project: _____

2. Project Title/Location: _____

Short Description: _____

Dates of Work: _____

Subcontract Value: _____

Prime Contractor having first hand knowledge of Subcontractor's performance:

Name: _____ Company: _____

Tele.#: _____

Identify Key Personnel on this Project: _____

3. Project Title/Location: _____

Short Description: _____

Dates of Work: _____

Subcontract Value: _____

Prime Contractor having first hand knowledge of Subcontractor's performance:

Name: _____ Company: _____

Tele.#: _____

Identify Key Personnel on this Project: _____

III. Bonding – Insurance – Banking:

Are you able to bond projects? Yes ___ No ___

Bond Rate ___%

Single Project Limit: \$ _____

Aggregate Limit: \$ _____

Bonding Company/Address:

Contact/Tele. No. _____

Workers Compensation Experience Modifier: _____

Current Experience Modifier: _____% Effective Date: _____

[month and year]

You are required to verify your current workers compensation experience modifier. If your experience Modifier is .90 or higher, you may be asked to provide a copy of additional information for up to the past four years.

General Liability Limits: \$ _____ per occurrence \$ _____ aggregate

Insurance Company/Address:

Contact/Tele. No. _____

Bank References:

Does the company have a line of credit from any lending institution? Yes ___ No ___

Amt. of Credit Outstanding Balance Lender Name/Address Contact/Tele.No.

IV. References:

Trade References: *[List 3 of your subcontractors or suppliers:]*

Company Name/Contact/Tele.#: _____

Company Name/Contact/Tele.#: _____

Company Name/Contact/Tele.#: _____

Client References: *[List 3 clients]:*

Company Name/Contact/Tele.#: _____

Company Name/Contact/Tele.#: _____

Company Name/Contact/Tele.#: _____

V. General Questions:

In the past five years has the company..

- Operated under any other name? yes ___ no ___
- Had any liens filed against it by any of its subs or suppliers yes ___ no ___
- Ever failed to complete a contract, defaulted, or had a contract termination yes ___ no ___
- Had liquidated damages assessed against it upon completion of a project yes ___ no ___
- Any key people been a party to a bankruptcy or reorganization proceeding yes ___ no ___
- Any key people been involved in any lawsuit arising from a project yes ___ no ___
- Any key people been investigated for or found to have committed a violation of Labor laws yes ___ no ___
- Any key people been investigated for or found to have committed a serious OSHA violation yes ___ no ___

Give details for any "yes" answer:

VI. MBE/WBE/SBE/DBE/DVBE CERTIFICATION:

Is the company certified? MBE___ WBE___ SBE___ DBE___ DVBD___

Certifying Agency[s]: _____

I certify that the enclosed information is true and accurate.

Signature Date: _____

Print Name: _____

Title: _____