



SUBCONTRACTOR'S QUALIFICATION STATEMENT

DELTA CONSTRUCTION

SUBMITTED TO:
Delta Construction Services, LLC and
Delta Residential, Inc.

Application Date: _____
Approved Date: _____
Renew Date: _____

Please provide complete answers to the following questions (attach additional pages if necessary). Subcontractor must qualify in order to be placed on our preferred Sub list and bid on any project. All statements made herein will be investigated and any misrepresentation of facts will result in exclusion of Contractor from Delta's bid list. Delta Construction will advise the Bidder of all final decisions on bidder qualification. Decisions will be made taking into account the information on this form as well as other information that may be independently obtained.

General Information:	
Company Legal Name:	_____
DBA Name (if any)	_____
Company Address:	_____
Company Phone:	_____
Company Fax:	_____
Project Contact Name	_____
Project Contact Email:	_____
Billing Contact Name	_____
Billing Contact Email:	_____

State the categories/trades of work for which your Company desires to be considered and indicate registration or license numbers.

<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Masonry
# _____	# _____	# _____	# _____	# _____
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Flooring	<input type="checkbox"/> Painting	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Concrete
# _____	# _____	# _____	# _____	# _____
<input type="checkbox"/> Other	_____			

State your Company's form of organization (select one): _____
State: _____ Year Business was Inc/Formed: _____

Names and titles of all owners/members and primary officers/principals/partners

Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title
_____	_____

How many years has your organization been in business as a Contractor or Subcontractor under your present business name? _____
Under what other or former names has your organization operated? _____

How many years experience in this type of construction work has your organization had? _____
The percentage of work normally completed with your own forces: _____ %
Is your Company certified as a minority or woman owned business enterprise and/or disadvantaged business enterprise (WBE, MBE, other?) Yes No
If yes, which agency _____ *Please submit applicable certifications*

SAFETY
Have you had any OSHA fines within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please submit on a separate sheet the details describing the circumstances surrounding each accident.)</i>
Have you had any jobsite fatalities within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please submit on a separate sheet the details describing the circumstances surrounding each accident.)</i>
Please state your EMR rating for the past 3 years: EMR Rating _____ year 20__ EMR Rating _____ year 20__ EMR Rating _____ year 20__

CLAIMS AND SUITS

(If the answer to any of the questions below is yes, please attach details.)
Has your organization ever failed to complete any work awarded to it? Yes No
If yes, please attached a brief description of the failure including the name of the Project, the total value of the contract, the date of said failure.
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No
If yes, please give details on a separate sheet.
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes No
If yes, please give details on a separate sheet.

DELTA MINIMUM INSURANCE REQUIREMENTS

Please have your broker submit your insurance certificates via email info@deltaconstructionaz.com or fax (480) 907-1620

GL Cert submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WC Cert Submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial Auto Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Umbrella:	<input type="checkbox"/> Yes	<input type="checkbox"/> No



SUBCONTRACTOR'S QUALIFICATION STATEMENT

TRADE/SUPPLIER REFERENCES - Please include at least one major supplier

Co. Name _____	Co. Name _____	Co. Name _____
Contact Name: _____	Contact Name: _____	Contact Name: _____
Phone or Email: _____	Phone or Email: _____	Phone or Email: _____

PROJECT INFORMATION / HISTORY

List the name of the Project, the Owner, the Architect, the General Contractor or Construction Manager, the total contract value, the percentage of completion and the scheduled completion date for the major construction projects which your Company has under construction: *(Please attach a separate sheet, if necessary)*

Project Name _____	Scheduled Date Of Completion _____
General Contractor _____	
Total Contract Value _____	Completion % _____ % complete
Project Name _____	Scheduled Date Of Completion _____
General Contractor _____	
Total Contract Value _____	Completion % _____ % complete
Project Name _____	Scheduled Date Of Completion _____
General Contractor _____	
Total Contract Value _____	Completion % _____ % complete
Top 5 largest projects completed in last 5 year:	
1 _____	4 _____
2 _____	5 _____
3 _____	

Financial Information: *Depending on the size and scope of the project, Delta may require financial information to be submitted prior to being awarded any work.*

List the name and address of your Bonding Company if applicable and give the name and telephone number of the person to contact as a reference for your Company

Co. Name _____	Agent Name _____	Contact Phone _____
What is your aggregate bonding limit? \$ _____	What is your single job bonding limit? \$ _____	
What is your current available capacity? \$ _____		
Are you currently in a reorganization under Chapter 11 of the United States Bankruptcy Code, or, in any other manner seeking an arrangement, or debt adjustment with your creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your company, any parent, subsidiary, sister corporation, or any other company affiliated with your Company declared bankruptcy, been placed into bankruptcy, in the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have any of your officers or principal operating personnel been employed by or associated with a company that has been in bankruptcy or ceased to operate at any time during the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide person's name, name of the company involved and brief description _____		

I hereby certify that the answers to all the above questions and all statements herein contained are true and correct, and that these answers are given and statements made with the intent that they be relied upon by Brad Jones and/or Delta Construction in determining whether my Company is qualified to perform the Scope of Work described in any bids/proposals we provide to Delta.

SUBCONTRACTOR: _____
 Legal Company Name

Owner's name _____ Title: _____

Owners Signature: _____
 Date

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20 ____

Notary Public.

{Notary Seal}