



## Contractor's Qualification Statement

Name of Firm: Street Address: City, State, Zip: Primary Contact: Title:	Phone Number: Fax Number: E-Mail: Internet Address:
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Indicate your type of business:	Corporation <input type="checkbox"/>	Please indicate if you qualify as one of the following:
	Partnership <input type="checkbox"/>	Minority Owned <input type="checkbox"/>
Year Incorporated: _____	Individual <input type="checkbox"/>	Women Owned <input type="checkbox"/>
State Incorporated: _____	Other <input type="checkbox"/>	Small Business <input type="checkbox"/>

**Banking Reference:**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

**Insurance Limits:**      *(attach a copy of your insurance certificate)*      (per occurrence)      (aggregate)

Workers Compensation	_____	_____
General Liability	_____	_____
Automobile	_____	_____
Umbrella	_____	_____

**Safety:**

EMR Rating *(past three years)* \_\_\_\_\_

TRIR Rating *(past three years)* \_\_\_\_\_

DART Rating *(past three years)* \_\_\_\_\_

**Business Volume:**

Total value of work in progress: \_\_\_\_\_

Average value of work over past five year: \_\_\_\_\_

Has your organization ever failed to complete any work awarded to it:

Yes \_\_\_\_\_ *(if yes, explain briefly on a separate page)*

No \_\_\_\_\_

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization:

Yes \_\_\_\_\_ (if yes, explain briefly on a separate page)

No \_\_\_\_\_

Briefly describe your firm's scheduling practices and capabilities: (attach additional pages if necessary)

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Briefly describe your firm's safety procedures and practices: (attach additional pages if necessary)

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**Type of Work:**

List by trade the types of work in which you are interested in bidding:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

List the trades your firm normally employs and the current level of staffing:

	Trade	Union/Non-Union	# of Employees
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

If you normally employ union tradesman, will you bid Merit Shop Projects:

Yes \_\_\_\_\_

No \_\_\_\_\_

List any trade or work to be subcontracted

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**Experience:**

- 1) Attach a listing of three(3) client references, including company name, address, phone number, and contact.
- 2) Attach a listing of three(3) vendor references, including company name, address, phone number, and contact.
- 3) Attach a listing of current construction contracts, including client, job description, value and percent complete.

**Please return this form and all required attachments to:**

**Lighthouse Construction, Inc.**

**859 Golf Links Lane, Suite 1**

**Magnolia, DE 19962**

**Attn: Robert MacLeish**

**Or**

**[bmacleish@lhconstruction.com](mailto:bmacleish@lhconstruction.com)**

I hereby certify that all information included in the qualification statement is true and accurate to the best of my knowledge.

Printed Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_