913 N 14th St, Clear Lake, IA 50428
5151 SE Rio Ct, Ankeny, IA 50021
15102 S. 231st St. Gretna, NE 68028
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Subcontractor Statement of Qualification Form

Under the state of Iowa's bidding laws for a CMAR project, only bids submitted by prequalified subcontractors can be accepted on bid day.

Project:_____ Date:_____

Seeking Prequalification for the Following Bid Packages:_____

Firm's Experience as a Contractor

Full Legal Company Name:_____

Company Address:_____

Type of Organization (Corp., Partnership, Joint, LLC, Sole Prop.):_____

Number of Years in Business:_____

Contact Person/Title:_____

Office Phone Number:_____ Contact Person's Cell:_____

Estimated Total Value of Contracts Completed in the Last Three Years

2024:_____ 2023:_____ 2022:_____

Capacity of Key Personnel

List the Names of Key Personnel Assigned to this Project.

Employee Name	Title/Position	Years in Trade	Daily Work-Related Skills/Tasks

Technical Competence

List 4 recent comparable projects completed in the last few years:

Year Completed	Project Name / Description	Contract Amount	Building Use (Commercial, Education, Healthcare, Industrial, Housing, etc.)	Owner Name / Phone or Email

Capability to Perform

Please list trades within your scope that might be subcontracted with an anticipated percentage of total contract value, if known:

_____

Are you willing to provide a Performance and Payment Bond for this project? Yes:_____ No:_____

List projects your firm is now working on to show current workload.

Project Name	Location	Owner	General Contractor/CM	Anticipated Completion Date

Past Performance of Firm and Employees

Has your company failed to complete any work under contract in the last three years? (Yes/No)_____

In the past five years has your company filed for bankruptcy or insolvency? (Yes/No)_____

Has the owner(s) of the company ever defaulted on a contract or failed to complete a construction project under a different company name? (Yes/No)_____

Are there any judgements, claims, arbitrations, proceedings pending or outstanding against your company? Yes/No_____

If yes to any of the above, please describe:_____

_____

_____

_____

Firm's Safety Record

Does your company have a written safety program? (Yes/No)_____

What is your current EMR rating?_____

In the past three years, has your company had an OSHA citations? (Yes/No)_____

If yes, please describe._____

_____

_____

Compliance with State & Federal Law

Are you licensed in the state of Iowa? (Yes/No)_____ State of Iowa Contractor No:_____

Certification

The undersigned states that they have carefully examined all the information provided and representations made in the Statement of Qualifications, and certifies, to the best of their knowledge, that this Statement of Qualifications is entirely complete, true, and accurate.

Submitted By (insert name of Company):_____

Signature:_____(must be signed by authorized agent)

Printed Name:_____ Title:_____

Date: _____