



Contractors Qualification Statement

CONTRACTORS QUALIFICATION STATEMENT

Date: April 23rd, 2025

Contractor Name/ Company Name

Address

Telephone

Fax

Contact Person

Title

Contractor's License No.: _____ (Attach copy of license)

Name of License Qualifier: _____

Qualifier's Ownership of the Company _____ %

1. Attach a list of the Company's current workload, including projects under contract and projects the company has been selected for but has not contracted. Include as a minimum for each project, the following:

Project Name: _____

Project Address: _____

Owner Contact and Telephone Number: _____

Description of Work: _____

Contract Amount and percent complete: _____

Length of Contract: _____

Expected Completion Date: _____

Status of the project as related to the project schedule: _____

Project Superintendent: _____

Size of the project crew: _____



2. Attach a list of concrete restoration projects with an Owner contact and telephone number, for all projects with a contract amount of \$1,000,000 or more, within the prior thirty-six-month period.
3. Describe the Company's proposed staffing to **Oceanview Building A Condominium**. Identify as a minimum the following:

Name of Project Superintendent: _____

Years of full-time employment with this company: _____

Years of full-time employment on Concrete Restoration projects: _____

Years of full-time employment on other Concrete Restoration Projects: _____

Proposed number of full crews for this project: _____

Number of personnel per crew: _____

Current total full-time field employees of the company: _____

Current total field personnel other than employees: _____

Additional number of personnel required for this project: _____
(not currently a full-time employee)

4. Bonding, Indicate the following:

Current Bonding Limit: _____

Current Dollar Amount of Bonded Projects: _____

Bonding Company: _____

5. Financial, provide the following:

Current Financial Statement: _____

Local Bank and person of Contact for reference: _____