

# Contractor's Qualification Statement

## 4. Insurances References

Liability Insurance Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_  
Insurance Broker or Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Property Insurance Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_  
Insurance Broker or Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## 5. Workers` Compensation

Rating: \_\_\_\_\_

## 6. Annual value of construction work for the past five (5) years

Year	Value	Year	Value	Year	Value
	\$		\$		\$
	\$		\$		\$

## 7. Membership Affiliation(s)

*Insert list*

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## QUALIFICATIONS AND EXPERIENCE OF PERSONNEL

### 1. Key office personnel proposed for the Project (e.g. Principal in Charge, Project Manager, Estimator, etc)

Attach resume of qualifications and experience:

Name	Title / Position
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### 2. Key site personnel proposed for the Project (e.g. Project manager, Superintendent, Foreman, etc)

Attach resume of qualifications and experience:

Name	Title / Position
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