

RONCELLI

Dedicated to Building Excellence



Construction Services

Headquarters

6471 Metro Parkway
Sterling Heights, MI 48312
(586) 264-2060 Phone
(586) 979-3190 Fax

Detroit

Guardian Building . 500 Griswold
Suite 2440 . Detroit, MI 48226
(313) 964-5689 Phone
www.roncelli-inc.com

Contractor Qualification Statement

I. NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

ACCOUNTING EMAIL: _____

ESTIMATING EMAIL: _____

II. **ORGANIZATION:**

Type of Organization:

Corporation Partnership Sole Proprietor

Indicate if your business qualifies as one of the following:

MBE SBE WBE

If you have marked any of the above you MUST attach a copy of Certification

Name of Officers:

Chief Executive Officer _____

President _____

Vice President _____

Vice President _____

Treasurer _____

Years in Business as a Contractor? _____

III. REFERENCES:

On a separate sheet, list major construction projects your organization has in progress, giving the name of the project, owner, architect, general contractor/construction manager, contract amount, percent complete and scheduled completion date.

State the total worth of work in progress and under contract _____

On a separate sheet, list major projects your organization has completed in the past five years, giving the name of the project, owner, architect, contract amount, and date of completion and percentage of the cost of the work performed with your own forces.

State the average amount of construction work performed during the past five years. _____

Trade References:

Bank References:

Surety:

Name of bonding company:

Name and address of agent:

Present bonding capacity:

Current amount available:

Insurance and Safety:

Fill in your firm's workers compensation modification factor (EMR) for the years shown.

Current Policy _____ Previous Year _____ Two Years Prior _____

Do you have a written safety program? Yes No

Are you current with MUST Safety Modules Yes No

Current DART Safety Rating _____

Current RIR Safety Rating _____

IV. QUALITY:

Is your organization ISO 9000 certified?

Yes

No

If no, are you presently engaged in obtaining certification?

Yes

No

If yes, target date for certification: _____

Yes

No

If yes, to what standard? _____

V. BUSINESS INTERESTS:

List the types of work that your firm is interested in bidding:

1 _____

3 _____

2 _____

4 _____

List the types of work that your firm normally subcontracts to others:

1 _____

3 _____

2 _____

4 _____

VI. LABOR RELATIONS:

Union

Non-Union

List the trades your firm normally employs:

1 _____

4 _____

2 _____

5 _____

3 _____

6 _____

Is your firm signatory to either of the following?

National Maintenance Agreement (NMA)

General Presidents Agreement (GPA)

VII. FINANCIAL:

Please attach a current financial statement.

VIII. SIGNED: _____

Date: _____

Name and Title: _____