



The Harco Group

Contractor's Qualification Statement



This is a prequalification form to be filled out and sent back to us for the purpose of evaluation as it pertains to becoming an applicator of the WetSuit materials. Please fill in all the spaces provided. Please return the full form as requested.

Date: _____ Entity Designation

Company Name: _____ Corporation

Contact Name/Title: _____ Partnership

Street Address: _____ Sole Proprietorship

City, Country, Zip Code: _____ Joint Venture

Telephone Number: _____ Cellular Number: _____

Fax Number: _____ Email Address: _____

Is 24-Hour Service available: _____

If yes, contact name & telephone #: _____

A. Type of Work

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Asbestos Removal | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Other (Please Specify) _____ | |

- How many years in business: _____
- How many years under its present name: _____
- Under what other names has your organization operated: _____
- Number of Employees: _____
- Geographic Territory: _____
- Other Office Locations: _____



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B. Licensing

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers (if applicable). Please attach copy of contractor's license / registration.

List jurisdictions in which your organization's partnership or trade name is filed:

C. Experience

1. List the categories and the approximate percentage of work that your organization primarily performs with its own work force.

Category	Percentage Self Performed
a. _____	_____ %
b. _____	_____ %
c. _____	_____ %

D. Claims and Suits

If the answer to any of the following four questions below is YES, please attach details.

1. Has your organization ever failed to complete any work awarded to it? _____
2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? _____
3. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past five (5) years? _____
4. Within the past five (5) years, has any officer of principal of your organization ever been an officer of principal of another organization when it failed to complete a construction contract? _____

E. References

1. Trade References: _____

Recent completed Projects Customer References [Name, Title, Company, Project Size and Name, Value, Phone Number, Address] (please list at least five (5) within the past two (2) years):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____



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F. Financial

Please provide financial statements for the past two (2) years along with this current year, preferably audited, including your organization's latest balance sheet and income statement showing the following:

- Current Assets (Cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses)
- Net Fixed Assets
- Other Assets
- Current Liabilities (accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)
- Other Liabilities (capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings)

I. Roofing Manufacturer Approvals

Manufacturer	System Type	System Type	System Type	System Type	System Type

J. Additional Information

Contractor shall submit to Harco Group a copy of its certificate of insurance to remain on file for future work performed.

K. Additional Comments

a. Date Prepared: _____ c. Name of Organization: _____
 b. Prepared by: _____ d. Title: _____

Please forward all hard copies and additional information such as certificate of insurance to Harco Group.