

VENTURE ONE CONSTRUCTION

3883 Virginia Avenue

Cincinnati Ohio 45227

Phone: 513-527-4055 fax: 513-527-4066

SUBCONTRACTOR/VENDOR QUALIFICATION STATEMENT

Company Legal Name: _____
Address: _____
Phone: _____
Contact: _____
Contact E-Mail: _____
Owner's Name: _____

Trade: _____
Travel?: Yes _____ No _____
Where: _____
Fax: _____
Yr in Bus: _____
Owner's E-mail: _____

Please list (3) current projects you are working on.

Project name: _____
Address: _____
Your Contract Value: _____

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Address: _____
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Please list three (3) General Contractors that you have worked for in the last twelve (12) months that can be called upon as references.

Company Name: _____
Company Phone: _____
Contact: _____
Contract Amt: _____
Project: _____

Company Name: _____
Company Phone: _____
Contact: _____
Contract Amt: _____
Project: _____

Company Name: _____
Company Phone: _____
Contact: _____
Contract Amt: _____
Project: _____

Please list three (3) Suppliers that can be called upon as references:

Company Name: _____
Company Phone: _____
Contact: _____

Company Name: _____
Company Phone: _____
Contact: _____

Company Name: _____
Company Phone: _____
Contact: _____

Bank Reference:

Address: _____
Telephone: _____
Contact: _____

Number of full-time employees:

Tradesmen: _____ Field Supervision: _____
Management: _____ Administrative: _____
Other: _____

How many OSHA of State violations have you had in the past 2 years? _____

Please explain: _____

Have you ever filed bankruptcy? Yes _____ When? _____ No _____

Explanation and Status: _____

List any litigation your company has been involved in within the last five (5) years.

Can your company secure a bond? Yes ___ Up to What Amount? _____ No ___

Name of Surety: _____
Contact: _____
Available Bonding Capacity: _____
Available Bonding Rate: _____

Do you have a company safety program? _____

Do you have a company Haz-Com program? _____

State the annual amount of construction revenue during the last five years.

20 _____
20 _____
20 _____
20 _____
20 _____

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Additional comments and information:

ATTACHMENTS REQUIRED:

ATTACH A COPY OF YOUR FORM W-9, CURRENT INSURANCE CERTIFICATE AND PROOF OF WORKER'S COMPENSATION INSURANCE.

IF YOUR CONTRACT WITH VENTURE ONE WILL POSSIBLY EXCEED \$100,000, ALSO ATTACH A COPY OF YOUR PRIOR 2 YEARS FINANCIAL STATEMENTS, LETTER FROM YOUR BONDING COMPANY AND CURRENT AND PAST PROJECTS REPORT.

