



A.R. MAYS

CONSTRUCTION

SUBCONTRACTOR QUALIFICATION STATEMENT

COMPANY: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

CONTACT: _____ EMAIL ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

WEBSITE ADDRESS: _____

TYPE OF WORK OR TRADE: _____

1. How many years has your organization been in business? _____
1. Arizona Registrar of Contractors Commercial License # _____
2. How many active employees are in you company? _____

BANK REFERENCES:

Company: _____ Contact: _____

Credit line Amount: _____ How long? _____ Phone Number: _____

SURETY:

Bonding Company: _____ Maximum bonding capacity? _____

Contact: _____ Phone Number: _____

Rate: _____ Aggregate _____ Single Limit _____

3. ****PLEASE ATTACHED LETTER OF BONDABILTY FROM YOUR AGENT / SURETY****
4. Please attach a certificate showing all pertinent insurance information/ limits.
5. Please attach a financial statement, preferably CPA prepared, including your organization's latest balance sheet ar income statement. This information will be held in confidence.
6. What is your company's Workers Compensation Experience Modification Factor? _____

ATTACHED WORK EXPIRIENCE SHEET WILL BE THE MAIN FACTOR IN QUALIFYING YOUR COMPANY WITH A.R. MAYS CONSTRUCTION



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WORK EXPERIENCE: (This will be the main factor in qualifying your company with A.R. Mays Construction.)

Please list major construction projects your organization currently has in progress or has completed within the past three years with other general contractors. Please do not list current or past work experience with A.R. Mays.

General Contractor: _____ Contact/ Reference: _____ Phone: _____

Projected Completion Date: _____ Project name: _____

Contract Amount: _____ Location: _____

General Contractor: _____ Contact/ Reference: _____ Phone: _____

Projected Completion Date: _____ Project name: _____

Contract Amount: _____ Location: _____

General Contractor: _____ Contact/ Reference: _____ Phone: _____

Projected Completion Date: _____ Project name: _____

Contract Amount: _____ Location: _____

General Contractor: _____ Contact/ Reference: _____ Phone: _____

Completion Date: _____ Project name: _____

Contract Amount: _____ Location: _____

General Contractor: _____ Contact/ Reference: _____ Phone: _____

Completion Date: _____ Project name: _____

Contract Amount: _____ Location: _____

When you have completed this form, please return it to:

A.R. MAYS CONSTRUCTION
Estimating Department
TEL: 480.850.6900
FAX 480.850.6970