



REQUEST FOR QUALIFICATIONS

GENERAL COMPANY INFORMATION:		
Legal Company Name:		
Street Address:	Mailing Address:	
City, State, Zip:	City, State, Zip:	
Main Office Phone:	Cell Phone:	
Contractor's License #:	Email:	
Company Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC		
Officers / Partners / Principals:		Signature Authority
NAME:	Title:	Contracts Change Orders <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Key Contact:	Email:	
Phone:	Cell Phone:	

TRADE INFORMATION:		
Scopes Bid:	Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
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List Owner and/or General Contractor references, including contact name whom we may call.

OWNER / GENERAL CONTRACTOR REFERENCES			
Owner / General Contractor	Contact Name	Phone	Email

TRADE REFERENCES			
Major Supplier / Tier-Subcontractor	Contact Name	Phone	Email



INSURANCE INFORMATION:

Please indicate your current policy limits for each of the following coverages.

Description	Amount	Amount	Amount
General Liability			
• General Aggregate			
• Each Occurrence			
• Products – Completed Ops			
• Personal & Advertising Injury			
Automobile Liability (ANY Auto)			
Excess Liability (Umbrella)			
Professional Liability			
Does your policy’s general aggregate limit apply separately to each project?			[] Yes [] No
Are defense costs excluded from the general aggregate limit?			[] Yes [] No
Please indicate your General Liability Form:			[] Claims Made [] Occurrences
Does your current General, Excess and Auto Liability policies allow endorsement to name Willhoit Construction and the project Owner as additionally insured?			[] Yes [] No
Does your policy limit additional insured coverage to “ongoing operations”?			[] Yes [] No

IMPORTANT: Please attach a SAMPLE Certificate of Insurance to evidence coverage stated together with a SAMPLE of the Additional Insured Endorsement stipulating primary coverage used by your carrier.