

Contractor's Qualification Statement

Standard Construction Document

CCDC 11 – 2016

This document is intended to provide information on the Contractor's capacity, skill, and experience. Information requested may be supplemented with additional sheets if required.

PROJECT

Project Title:

Project Number:

Location:

SUBMITTED TO

Name:

Address:

Phone:

E-mail:

SUBMITTED BY

Name:

Address:

Phone:

E-mail:

COMPANY INFORMATION

1. Legal Structure

Year Established:

Corporation , Partnership , Joint Venture , Registered , Sole Proprietor , Other:

Names and Titles of Officers, Partners, Principal:

Name

Title / Position

2. Financial Reference

Bank Name:

Address:

Contact Person(s):

Phone:

E-mail:

3. Contract Security Reference

Company Name:

Address:

Contact Person(s):

Phone:

E-mail:

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Project Title:

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4. Insurances References

Liability Insurance Limit: _____ Deductible: _____
Insurance Company Name: _____
Insurance Broker or Representative: _____
Address: _____
Phone: _____
E-mail: _____

Property Insurance Limit: _____ Deductible: _____
Insurance Company Name: _____
Insurance Broker or Representative: _____
Address: _____
Phone: _____
E-mail: _____

5. Workers' Compensation

Rating: _____

6. Annual value of construction work for the past five (5) years

Year	Value	Year	Value	Year	Value
	\$		\$		\$
	\$		\$		\$

7. Membership Affiliation(s)

Insert list

QUALIFICATIONS AND EXPERIENCE OF PERSONNEL

1. Key office personnel proposed for the Project (e.g. Principal in Charge, Project Manager, Estimator, etc)

Attach resume of qualifications and experience:

Name	Title / Position
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2. Key site personnel proposed for the Project (e.g. Project manager, Superintendent, Foreman, etc)

Attach resume of qualifications and experience:

Name	Title / Position
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PROJECT EXPERIENCE

1. **Major construction projects completed in the past five years (Appendix A).**
2. **Comparable construction projects completed (Appendix B).**
3. **Major construction projects underway as of the date of submission of Contractor's Qualification Statement (Appendix C).**

I declare the information in this form to be true and correct to the best of my knowledge

Signature of Contact Person: _____

Name of Contact Person: _____

Title of Contact Person: _____

APPENDIX A Major construction projects completed in the past five years.

Project Title:

Location:

Date Project Substantially Completed:

Project Value at Award: \$

Project Manager:

Date Project Completed:

Project Value at Completion: \$

Project Superintendent:

Owner:

Contact Person(s):

Phone:

E-mail:

Consultant:

Contact Person(s):

Phone:

E-mail:

Contract Type:

Stipulated Sum , Construction Management , Design-Build

Prime Contractor , Trade Contractor

Description of Project and Scope of Services:

APPENDIX B Comparable projects completed. (Similar type, size and complexity)

Project Title:

Location:

Date Project Substantially Completed:

Project Value at Award: \$

Project Manager:

Date Project Completed:

Project Value at Completion: \$

Project Superintendent:

Owner:

Contact Person(s):

Phone:

E-mail:

Consultant:

Contact Person(s):

Phone:

E-mail:

Contract Type:

Stipulated Sum , Construction Management , Design-Build

Prime Contractor , Trade Contractor

Description of Project and Scope of Services:

APPENDIX C

Major construction projects underway as of the date of submission of Contractor's Qualification Statement.

Project Title:

Location:

Scheduled Completion Date:

Project Value at Award: \$

Project Manager:

Percent Completed:

%

Current Project Value: \$

Project Superintendent:

Owner:

Contact Person(s):

Phone:

E-mail:

Consultant:

Contact Person(s):

Phone:

E-mail:

Contract Type:

Stipulated Sum , Construction Management , Design-Build

Prime Contractor , Trade Contractor

Description of Project and Scope of Services: