



## SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

### GENERAL INFORMATION

Company Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Federal Tax Payer ID #: \_\_\_\_\_  
 Trade Type (Scope of Work): \_\_\_\_\_

List Owners, Officers, and Key Personnel (Include Resumes):

| Name  | Years in Position | Position |
|-------|-------------------|----------|
| _____ | _____             | _____    |
| _____ | _____             | _____    |
| _____ | _____             | _____    |

How many years has your firm been in business?

Organized as a (Check One):

Corporation in the State of: Partnership \_\_\_\_\_ Joint Venture \_\_\_\_\_ Other \_\_\_\_\_

MBE: Yes \_\_\_\_\_ No \_\_\_\_\_ M/WBE Certification \_\_\_\_\_ M/WBE Certification \_\_\_\_\_

WBE: Yes \_\_\_\_\_ No \_\_\_\_\_ Agency: \_\_\_\_\_ Agency: \_\_\_\_\_

If yes, List County(s) in which certified: \_\_\_\_\_

State of Florida/County/City License #s: \_\_\_\_\_

Work Experience (Check all that apply):

Hotel \_\_\_\_\_ Hospital \_\_\_\_\_ Airport \_\_\_\_\_ Interiors Build Out \_\_\_\_\_

Retail \_\_\_\_\_ Multi-Family \_\_\_\_\_ High Rise Condo \_\_\_\_\_

Other \_\_\_\_\_

Does Your Firm Operate Under Any Other Name?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if Yes, explain:)

Name/Address/Comments: \_\_\_\_\_

Is Your Firm Affiliated With Any Other Firm?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if Yes, explain:)

Name/Address/Comments: \_\_\_\_\_

Minimum & Maximum (Dollar Value) Size of Projects: \_\_\_\_\_

List your three (3) largest jobs completed in the last (3) years:

| Project / Location: | Contract Amount | Year Completed | Bonded (yes/no) | Owner/GC |
|---------------------|-----------------|----------------|-----------------|----------|
|---------------------|-----------------|----------------|-----------------|----------|

---



---



---

**FINANCIAL INFORMATION (I)**

Contact Name (Principal/CFO):

Telephone:

*(financial)*

**Bank References:**

Name of Bank:

Bank Officer:

Phone Number:

Line of Credit:

Unused Line of Credit:

Expiration Date:

Provide letter of reference from bank officer (line of Credit, basis extended, how much unsecured and secured, what security required, overall banking relationship, and years of relationship).

References:

List General Contractor and Supplier References: (minimum two (2) each):

| Name of Company | Contact | Job Name/Project | Phone Number |
|-----------------|---------|------------------|--------------|
|-----------------|---------|------------------|--------------|

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

**FINANCIAL INFORMATION (II)**

**Bonding Agent:**

Company Name:

Contact:

Phone:

**Surety:**

Company Name:

Contact:

Phone:

Provide letter of good standing from surety (years of relationship, largest bond, total bonding capacity)

What is your expected annual volume this year? \_\_\_\_\_ Number of projects \_\_\_\_\_

**INSURANCE INFORMATION**

Please provide a sample copy of all policies applicable to the General Liability Insurance Requirement. Please submit a copy of all primary general liability insurance and applicable excess general liability or umbrella policies with this questionnaire. This information will not be considered complete without it and there will be no consideration for entering the Bid Process unless it is received.

Has your firm ever participated in a CCIP or OCIP Program on any of your projects? Yes / No \_\_\_\_\_  
Which Projects? \_\_\_\_\_

**SAFETY AND HEALTH INFORMATION**

Contact Name (*Safety Director*) \_\_\_\_\_

Telephone: \_\_\_\_\_

**If work related fatalities have occurred among your workforce within the last three (3) years, provide the following information for each fatality: (Use extra sheets if necessary):**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Citation: Yes \_\_\_\_\_ No: \_\_\_\_\_ Agency issuing citation: \_\_\_\_\_

Status of Citation, e.g., contested, withdrawn \_\_\_\_\_

Are there any lawsuits related to the event? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide status: \_\_\_\_\_

Has your company received a willful or serious OSHA citation within the past three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of citations: \_\_\_\_\_

Does key personnel have specific safety training? (I.e. 10 or 30 hour training) Yes \_\_\_\_\_ No \_\_\_\_\_

Details: \_\_\_\_\_

What is your company's MOD rate? \_\_\_\_\_

I understand the questions above and have answered truthfully and to the best of my knowledge

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date