

SUBCONTRACTOR QUALIFICATION APPLICATION

12. Length of time in business

Under Current Name: _____ Under Other Name: _____

13. Average # of employees: Office: _____ Field: _____

14. Method of operation: Union Non-Union

15. Please advise all Licenses (State or Local) your organization currently holds and attach a copy:

16. Your Company's Estimating Contact: _____
Email Address: _____

17. Please list Current number of:
 Full Time Employees _____ Project Managers _____ Estimators _____
 Field Employees _____ Office Employees _____

18. Have you or any officers, stockholders, key members, or any related companies been involved in any litigation or disputes, or have any judgements pending or rendered in the past 5 years?

No Yes If yes, please explain on a separate page.

19. Have you failed to complete any work awarded to you?

No Yes If yes, please explain on a separate page.

20. Attach a list of your major construction projects (minimum of 5) completed in the last five (5) years with approximately the same contract value. Include the following information:

The project name, location, contract amount, Owner name, Architect name, G.C. name, G.C. contact, G.C. phone number, bid/negotiated, bonded/non-bonded.

21. Attach a list of all your major construction projects currently in progress. Include the following information:

The project name, location, contract amount, Owner name, Architect name, G.C. name, G.C. contact, G.C. phone number, bid/negotiated, bonded/non-bonded.

22. List five (5) trade (credit) references:

Company Name	Contact	Phone Number	Fax Number

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23. List five project references (Owners) from the past three (3) years:

Project	Contact	Phone Number	Fax Number

24. Does firm hold any W/MBE or Small Business Certifications? _____

If yes, please attach copies.

25. Submit a copy of your standard insurance certificate showing coverage and limits.

****Note: Minimum requirements include General Liability \$500,000.00 each occurrence, \$1,000,000.00 aggregate; Auto Liability \$500,000.00 combined single limit; Florida Workers Compensation and Employers Liability at statutory limits; other policies that apply to your trade (ie: Asbestors Liability, Professional Liability, etc.)**

Attached

Can you provide performance and payment bond? Yes No

If so, please advise:

26. Bond Agency: _____

Contact Name: _____

Address: _____

Phone/Fax No: _____

Dollar amount of bonded work on hand: _____

Percent of bonded work to total work: _____

Bonding Capacity: Total: _____ Per Job: _____

Surety Company: _____

27. Business Bank Reference: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone No: _____

Account Types: _____

Line of Credit: \$ _____

28. Total volume of sales and/or work performed for each of the previous five (5) years:

<u>Year</u>		<u>Amount</u>
200__	\$	_____
200__	\$	_____
200__	\$	_____
200__	\$	_____
200__	\$	_____

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29. Submit current financial statement.

30. List your firms experience modification rate (EMR) for the past three (3) years.

Year	Rate
_____	_____
_____	_____
_____	_____

31. Does your company comply with the drug free work act? _____

32. Does your company have a written safety policy? _____
If so, please include a copy.

33. In the last five (5) years has your company been cited by OSHA for a "serious" or "willful" violation?
 No Yes If yes, please explain on a separate page.

34. Owner or person who is authorized to sign on behalf of the company (contracts, change orders, and releases of li
Attach a copy of the corporate resolution or authorization granting said permission to this person.

35. Feel free to attach any other information, references, or experience you feel is applicable.

I hereby certify that the above information and all attachments are true and correct. By signing below,
I authorize Close Construction, Inc. to verify the references furnished in this document.

Firm Name: _____

Signed by: _____

Printed Name and Title: _____

Date: _____