

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: _____