



CONTRACTORS ■ ENGINEERS
 7607 Coral Drive, West Melbourne, FL 32904
 (321) 723-5661 Phone (321) 951-1952 Fax
 CGC 019528

**SUBCONTRACTOR
 QUALIFICATION FORM
 For
 M.E. CONSTRUCTION, Inc**

Instructions: Elaboration of the following requested information or additional information deemed to be useful for evaluation of your firm's capabilities may be attached to this form. Your completed qualification form will be maintained and utilized by M.E. Construction, Inc. as a basis for determining bid or contract award sources.

PLEASE ATTACH TO THIS FORM, A COPY OF YOUR CERTIFICATE OF INSURANCE INDICATING CURRENT LIMITS, LICENSE COPIES AND A CURRENT FINANCIAL STATEMENT.

Type of work performed: _____ Divisions usually bid: _____

COMPANY BIOGRAPHY

Legal Business Name _____ DBA _____

*******Name of Persons Designated to sign Contracts, Lien Waivers, Legal Documents*******

Street Address _____ P.O. Box _____

City _____ State _____ Zip + 4 code _____

Telephone () _____ Fax () _____ Cell _____

EMAIL ADDRESS: _____

State CONTRACTOR Certification Number _____ (Attach Copy of License)

License holders name, address and phone number _____

County CONTRACTOR Registration Number _____ (Attach Copy of License)

Municipal Occupational License _____ (Attach Copy of License)

Type of Business: Corporation () Partnership () Sole Proprietorship () **FED ID#** _____

Corporation: State of Incorporation _____ Date of Incorporation _____

Name and Home Address and Home Phone of the Following:

President: (Name) _____ (Street) _____

City, Zip) _____ (Home Phone) () _____

Vice President: (Name) _____ (Street) _____

(City, Zip) _____ (Home Phone) () _____

Secretary: (Name) _____ (Street) _____

(City, Zip) _____ (Home Phone) () _____

Treasurer: (Name) _____ (Street) _____

(City, Zip) _____ (Home Phone) () _____

Partnership or Sole Proprietorship Names, Home Addresses and Home Phones of Principals

(Name) _____ (Street) _____

(City, Zip) _____ (Home Phone) () _____

(Name) _____ (Street) _____

(City, Zip) _____ (Home Phone) () _____



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Years performing work specialty:

Former Company Name:

Does Firm Have State Approved Minority Status? Circle all that apply **MBE** **WBE** **SBE**

Does Firm have an approved EEO policy **Y** **N** Is firm in compliance with all EEO requirements? **Y** **N**

Geographic Locations Firm will perform work:

Florida State-Wide _____ Central Florida _____ S.E. Florida _____ N.E. Florida

HAS FIRM EVER:

Failed to complete a contract	Y	N
Been involved in a bankruptcy or reorganization	Y	N
Pending judgments, claims or suits against firm	Y	N

(If answer is yes to any of above three questions, submit details on a separate sheet.)

List number of Staff Employed:

Project Managers: _____ Superintendents _____ Foreman _____

Licensed Tradesman _____ Apprentices _____ Office Staff _____

Total Staff Employed: _____ Do you have in-house engineering or fabricating capacity? **Y** **N**

 Portions of work to be completed by Sub-Subcontractors:

 Portions of work to be completed by your company's forces:

BANK INFORMATION

Bank reference: _____ Phone number: _____

Address

Bank Contact Name:

FINANCIAL INFORMATION

Work now under contract \$ _____ Current working capital: \$ _____

Annual sales last 3 yrs.:

\$ _____ Yr. \$ _____ Yr. \$ _____ Yr



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INSURANCE

INSURANCE AGENCY: _____

PHONE NO.: (_____) _____ CONTACT NAME: _____

General Liability Insurance Company _____ EFF DATE _____ (Attach Certificate)

Workman's Comp Insurance Company _____ EFF DATE _____ (Attach Certificate)

Are you a Drug Free Workplace? _____

SAFETY

DOES YOUR FIRM HAVE A MANDATORY SAFETY TRAINING PROGRAM? IF SO, DOES IT MEET THE MINIMUM O.S.H.A. 10 HOUR TRAINING REQUIREMENTS? **Y N**

LIST YOUR FIRM'S WORKMEN COMPENSATION EXPERIENCE MODIFICATION FACTOR FOR THE PAST 3 YEARS: _____

DOES YOUR FIRM HAVE A WRITTEN SAFETY PROGRAM AND HAZARDOUS MATERIAL COMMUNICATIONS PROGRAM? _____ Please provide a copy.

IN THE PREVIOUS THREE YEARS HAS YOUR FIRM BEEN CITED FOR ANY O.S.H.A. VIOLATIONS? **Y N**
 IF YES, PLEASE EXPLAIN:

PERFORMANCE HISTORY

LIST FOUR (4) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS.

PROJECT & LOCATION COMP	G.C / CONTACT / PHONE	CONTRACT AMT.	DATE
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LIST PROJECTS PRESENTLY UNDER CONSTRUCTION AND PROJECTS EXPECTED TO START WITHIN THE NEXT 3 MONTHS.

PROJECT & LOCATION	G.C. / CONTACT / PHONE	CONTRACT AMT	% COMP.	EXPECTED COMP. DATE
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TRADE REFERENCE

LIST THE THREE (3) MOST SIGNIFICANT SUPPLIERS THAT YOUR FIRM DEALS WITH ON A REGULAR BASIS.

COMPANY	CONTACT PERSON	PHONE #	HIGH CREDIT LIMIT

VERIFICATION OF ACCURACY AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

The Applicant _____ (Firm's name) hereby verifies that all Statements made herein are true and accurate to the best of its knowledge. The Applicant authorizes M. E. Construction Inc. the right to make any and all inquiries necessary for assessing credit and performance history. The applicant hereby indemnifies M.E. Construction, Inc. and its agents, from any liability resulting from their credit and performance survey.

This form must be signed by an Officer or an individual so authorized by an Officer of the firm.

Signature: _____ Date / /

Name: _____ Title: _____

Form Rev 11-1-2014