



**SUBCONTRACTOR QUALIFICATION FORM
For
ATLANTIC COAST**

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 Atlantic Coast Construction as a basis for determining bid sources.

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

Type of work performed: _____ Divisions usually bid: _____

COMPANY BIOGRAPHY

Firm: _____ Phone #: () _____

Address _____ FAX #: () _____

_____ Email _____

City _____ State _____ Zip _____ Main Contact: _____

President: _____ Federal ID#: _____

Date Co began under present name: _____ Years performing work specialty: _____

Former Company Name: _____

Firm Type Circle One: **Corporation**, **LLC**, **Sole Proprietorship** or **Partnership**

Is firm Union **Y** **N** Does Firm perform Prevailing wage work **Y** **N**

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

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

Geographic Locations Firm will perform work:

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

S.W. Florida _____ N.E. Florida _____ N.W. 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: _____

BONDING INFORMATION

Bonding Company: _____ Bonding Agent: _____

Address: _____

Contact Person: _____

Total bonding capacity: \$ _____

Work now under contract \$ _____

FINANCIAL INFORMATION

Annual sales last 3 yrs:
\$ _____ Yr _____ \$ _____ Yr _____ \$ _____ Yr _____

Current working capital: \$ _____

INSURANCE

LIST LIMITS OR PROVIDE SAMPLE CERTIFICATE

COMMERCIAL GENERAL LIABILITY: \$ _____ AUTO: \$ _____

WORKMENS COMP: \$ _____

EXCESS UMBRELLA COVERAGE: _____

INSURANCE AGENCY: _____

PHONE NO.: () _____ CONTACT NAME: _____

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?

FIRM'S WORKMEN COMPENSATION. EXPERIENCE MODIFICATION FACTOR FOR THE PAST 3 YEARS:

DOES YOUR FIRM HAVE A WRITTEN SAFETY PROGRAM? **Y** **N**

DO YOU HAVE AN ORIENTATION PROGRAM FOR NEW HIRES? **Y** **N**

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	G.C / CONTACT / PHONE	CONTRACT AMT.	DATE COMP
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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	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
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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 Atlantic Coast Construction the right to make any and all inquiries necessary for assessing credit and performance history. The applicant hereby indemnifies Atlantic Coast Construction 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: _____