



**ATLANTIC COAST**  
CONSTRUCTION GROUP

**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

**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 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: \_\_\_\_\_