



SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Name of Company (indicate if dba): _____

Street Address: _____
(city) (state) (zip)

Mailing Address: _____
(city) (state) (zip)

Phone: _____ Fax: _____

Contact: _____ Phone: _____ Fax: _____

Position: _____ Email: _____

Contact: _____ Phone: _____ Fax: _____

Position: _____ Email: _____

Estimating Contact Information:

Contact: _____ Phone: _____ Fax: _____

Position: _____ Email: _____

Your Company is: MBE WBE DBE

MBE/WBE/DBE Certified by: _____

(Please attach copies of all certifications)

Please fill-in the scope that your company intends to bid and perform: _____



GENERAL INFORMATION

Contractor's License Number: _____ State: _____

License Type: _____ Expiration: _____

Contractor's License Number: _____ State: _____

License Type: _____ Expiration: _____

(Attach additional list if required and copy of license)

State Sales Tax Registration Number: _____

Federal ID Number: _____

Is your Company a (Corporation/Partnership/Individual) _____

List the corporate officers, partners, proprietors, members, and shareholders of more than 5% of the stock of the company:

	Name	Position	Percent Owned
1			
2			
3			
4			
5			

Has your Company Operated Under any Other Names? _____

How Many Employees does your Company presently employ? _____ Office _____ Field _____ Trades

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes _____ No

If yes, please explain: _____

Is your Company or any of its Owners, Officers, or major stockholders currently involved in any arbitration or litigation? _____ Yes _____ No

If yes, please explain: _____



Does your Company or any of its Owners, Officers, or major stockholders currently have any judgements or claims against it? _____ Yes _____ No

If yes, please explain: _____

Please list any litigation brought against your company in the past (5) years asserting that you failed to make payments to anyone.

List the geographical areas in which you work, and list states other than Florida that you are licensed and registered to perform work.

Check next to all Building Types on which your Company has worked:

- | | |
|--|--|
| <input type="checkbox"/> Office Building | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Mid-Rise | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Hotels/Motels | <input type="checkbox"/> High Tech/Laboratories |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Correctional Facilities |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Design Build/Assist |

Provide the Project Size Range for Your Company: _____ TO _____ Dollar

What was the average annual volume of work performed over the past 5 years?

Yr./Vol _____ Yr./Vol _____ Yr./Vol _____
Yr./Vol _____ Yr./Vol _____



List the Trades you normally perform with your own forces?

What percentage of the Company's work is normally subcontracted? _____ %

What is the largest contract your Company has completed? Amount: _____ Year: _____

Project Name/Scope: _____

What is the largest dollar volume job you expect to do this year? Amount: _____

Project Name/Scope: _____

What is your expected annual volume this year? _____ Dollars _____ # of Projects

FINANCIALS

Name of Your Bank: _____

Address: _____

Phone #: _____

Contact: _____

Credit Line Amount: \$ _____ Amount Available: \$ _____ Expiration Date: _____

UCC Filing? Yes No

How is credit secured? _____

What is your Company's Dunn & Bradstreet Number: _____

_____ D&B Rating Pay Record: _____ Date of Rating: _____

Remarks: _____

BONDING COMPANY

Name of Surety: _____ Contact: _____

Bonding Capacity: Per Project _____ Aggregate: _____

Bond Rate: _____ Date of Last Bond: _____ Amount: _____



INSURANCE

It is imperative that Proctor Construction Company have a current Certificate of Insurance with General Liability, Worker's Compensation and Automobile Liability limits that must meet minimum requirements and include all required Endorsements as specified on Exhibit 'D' - Insurance Requirements before a contract is awarded or work is commenced.

Submit a copy of your standard insurance certificate showing coverages & limits. Attached

Can your firm meet these requirements? _____ Yes _____ No

If no, please explain: _____

PROJECTS

List Major Projects Completed in the Last 4 Years: (Attach List if required)

Project Name: _____

Contract Amount: _____ Year Completed: _____

Owner Name: _____

Architect Name: _____

GC/CM Name: _____

GC Contact: _____ GC Phone #: _____

Project Name: _____

Contract Amount: _____ Year Completed: _____

Owner Name: _____

Architect Name: _____

GC/CM Name: _____

GC Contact: _____ GC Phone #: _____

Project Name: _____

Contract Amount: _____ Year Completed: _____

Owner Name: _____

Architect Name: _____

GC/CM Name: _____

GC Contact: _____ GC Phone #: _____



We have attempted to answer all questions in full and complete manner. We confirm that the statements provided are completely accurate and in no way meant to mislead Proctor Construction Company. We understand that Proctor Construction Company is counting on receiving accurate information on this questionnaire and our responses will determine whether Proctor Construction Company will permit us to bid and/or be awarded work.

Name of Company: _____

Completed by: _____

Title: _____

Notary: _____

My Commission Expires: _____

**Please include the following with your submission: List of Major Suppliers and Vendors; Financial Statement; Staff Resumes; and any other information you would like to share with Proctor.*