

FIRST FLORIDA

Subcontractor Qualification Form

1. Business Information

Company Name _____

Mailing Address _____

Street Address _____

City, State, Zip _____

Telephone _____ Fax _____

Email Address _____

Web site _____

2. What divisions of work do you perform?

01 – General 07-Thermal & Moisture 13- Special Construction

02-Site Work 08- Doors & Windows 14-Conveying Systems

03-Concrete 09-Finishes 15-Mechanical

04-Masonry 10-Specialties 16- Electrical

05-Metals 11-Equipment 17- Voice & Data

06- Wood & Plastics 12-Furnishings Other _____

3. Length of time in business

Under Current Name _____ Under Another Name _____

4. List categories in which your organization is legally qualified and willing to do business.

5. List areas where you are willing to work.

6. Your company's contact for estimating (name & email address).

7. Are you or any officers, stockholders, key staff members or any related companies involved in any litigation or disputes? Any judgments pending or rendered?

No Yes (if yes, please explain on a separate page)

8. Have you failed to complete any work awarded to you?

No Yes (if yes, please explain on a separate page)

9. Attach a list of a minimum of five major projects completed in the last five years with the following information:

Project name, location, contract amount, owner, architect, general contractor, contact and phone number, whether it was bid or negotiated and bonded or non-bonded.

10. Attach a list of your multi-family apartment projects recently completed or currently in progress. Include the following information:

Project name, location, contract amount, owner, general contractor, contact and phone number, whether it was bid or negotiated and bonded or non-bonded.

11. List five recent projects

Project Name	Contractor	Location	Contract Value

12. Please read First Florida's insurance requirements on the next tab. Can your firm meet these requirements? Yes No (If no, please explain).

13. Please attach a copy of your standard insurance certificate showing coverages and limits.

14. Bond Agency (if applicable) _____

Address _____

Phone/Fax _____

Dollar amount of bonded work under contract _____

Bonding Capacity _____

Agent's name _____

Surety Company _____

15. Total volume of sales and/or work performed for each of the previous five years

Year					
Volume					

16. Does your company comply with the Drug-Free Work Act? _____

17. Does your company have a written safety policy? _____

18. In the last five years, has your company been cited by OSHA for a 'serious' or 'willful' violation? Yes No (If yes, please explain).

19. Please attach any other information, references and experience you feel are applicable.

Information furnished by:

Name_____

Title_____

Company_____

Phone/email_____

Date Submitted_____

E-mail the completed form to bidlist@firstflorida.com or fax it to 305-663-9676.