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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Contractor</th>
<th>Location</th>
<th>Contract Value</th>
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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

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<th>Year</th>
<th>Volume</th>
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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.