



TRADE CONTRACTOR PREQUALIFICATION FORM

DATE: _____

TYPE OF WORK: _____

GENERAL INFORMATION:

Name of Firm: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Florida Contractors License Number(s): _____

HISTORY

Type of Work: _____

Years Performing this Work: _____ No. Permanent Employees: _____

HAS FIRM EVER:

- 1. Failed to Complete a Project [] Yes [] No
- 2. Been Involved in Bankruptcy or Reorganization [] Yes [] No
- 3. Pending Judgments, Suits [] Yes [] No

** If answer **yes**, please submit details on a separate sheet.*

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FINANCIAL INFORMATION

Volume of Work Completed in the Last Three (3) Years:

2008: _____

2009: _____

2010: _____

Work Currently Under Contract: \$ _____

Name of Bank: _____

Phone Number: _____

Contact: _____

BONDING

Does Firm Have Bonding Capabilities? [] Yes [] No

** If yes, please Answer the Following:*

Bonding Limit per Project: \$ _____

Total Aggregate Bonding Limit: \$ _____

Value of Work Presently Bonded: \$ _____

Bonding Agent:

Company: _____

Address: _____

Phone No.: _____ Contact: _____

INSURANCE

Firm must provide a certificate of insurance as proof of coverage for all insurance listed below. No Worker's comp exemptions are accepted.

- a) **Workers' Compensation and Employers' Liability Insurance**
shall be purchased and maintained in force by the trade contractor for all employees engaged in this work, in accordance with the laws of the State of Florida, and, if applicable to the work involved, shall

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Include Federal Longshoremen's and Harbor Workers' Compensation Act Coverage. The amount of Employers' Liability Insurance shall not be less than:

Workers' Compensation Employers Liability	Statutory Requirements \$100,000 Limit Each Accident \$500,000 Limit Disease Aggregate \$100,000 Limit Disease Each Employee
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- b) **Commercial General Liability Insurance** shall be purchased and maintained by the trade contractor during the period of construction, and for two years following the owner's acceptance of the project. Coverage shall include but not be limited to Premises and Operation, Per Project Aggregate, Personal Injury, Contractual for this Contract, Independent Contractors, Broad Form Property Damage, and Products & Completed Operations Coverage and shall not exclude coverage for the "X" (explosion), "C" (Collapse), and "U" (Underground) Property Damage Liability exposures. Limits of Coverage shall be at least:

Bodily Injury & Property Damage Liability	\$1,000,000 Combined Single Limit Occurrence \$2,000,000 Combined Single Limit Aggregate
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- c) **Business Automobile Liability Insurance** shall be purchased and maintained by the trade contractor as to ownership, maintenance, and use of all owned, non-owned, leased or hired vehicles with limits of not less than:

Bodily Injury Liability	\$1,000,000 Limit Each Person
Property Damage Liability	\$1,000,000 Limit Each Accident

Or

Bodily Injury & Property Damage Liability	\$1,000,000 Combined Single Limit Each Accident
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- c) **Installation Floater Insurance** shall be purchased and maintained by trade contractor on an "all risk" (including coverage for the perils of wind and flood) installation floater in the amount of \$150,000 or the initial subcontract price, plus the value of any subsequent modifications, whichever is greater. All deductibles under this coverage shall be paid by the trade contractor. This coverage shall be primary and non-contributory to any Builder's Risk coverage on the overall project that may be provided by the Owner or Contractor.

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- e) **Excess Liability (Umbrella)** shall be purchased and maintained by the trade contractor with a minimum limit of \$1,000,000.

SAFETY

Does Firm Have a Written Safety Program? [] Yes [] No

Does Firm Have a Written Hazardous Communication Program? [] Yes [] No

Has Firm Ever Been Cited by OSHA within the Last 3 Years? [] Yes [] No

** If answered yes, please submit details on a separate sheet.*

W/M.B.E. or SERVICE DISABLED VETERAN CLASSIFICATION

Is Firm a Minority Business Enterprise (MBE)? [] Yes [] No

** If yes, [] Black/African American [] Hispanic/Mexican [] Other*

Is Firm a Women/Minority Business Enterprise (W/MBE)? [] Yes [] No

** If yes, please attach copy of all certifications received by Firm.*

Is Firm a Service Disabled Veteran Owned Business? [] Yes [] No

** If yes, please attach copy of all certifications received by Firm.*

Are you Certified with either (i) the State of Florida, Department of Labor and Employment Security; (ii) a County in Florida; (iii) a City in Florida; or (iv) a school board in Florida? [] Yes [] No

** If yes, please attach copy of all certifications received by Firm.*

Is Firm a Certified W/MBE or Service Disabled Veteran Owned Business in another state?

[] Yes [] No If **yes**, which state? _____

** If yes, please attach copy of all out of state certifications received by Firm.*

REFERENCES

Material Suppliers:

Name : _____

Address: _____

Phone No.: _____ Contact: _____

3472 Weems Road, Unit 1
Tallahassee, Florida 32317
(850) 222-2281 / Fax (850) 222-7749

Name : _____
Address: _____
Phone No.: _____ Contact: _____

General Contractor:

Name : _____
Address: _____
Phone No.: _____ Contact: _____

Name: _____
Address: _____
Phone No.: _____ Contact: _____

List Two Largest Projects Currently Under Construction:

Project Name: _____
Location: _____
General Contractor: _____
Phone Number: _____
Contact: _____
Contract Amount: \$ _____

Project Name: _____
Location: _____
General Contractor: _____
Phone Number: _____ Contact: _____
Contract Amount: \$ _____

I, HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE.

DATED THIS _____ DAY OF _____, 2011

Signature

Name & Title