



620 Drew Street, Clearwater, Florida 33755
PHONE 727-461-5522 FAX 727-447-4808

SUBCONTRACTOR PREQUALIFICATION STATEMENT –
RETURN FORM WITH ATTACHMENTS TO THE ATTENTION OF: _____

(Note: licenses, insurance, bonding must all be in the same correct legal name of your firm)

Correct legal name of your firm: _____

Entity (circle one): Corp Partnership LLP Sole Prop FEIN or SS# _____

Physical Address: _____

Mailing Address: _____

Phone: (____) _____ Fax: (____) _____ Contact: _____

Project that you wish to provide a bid on: _____

Type of work you may propose: _____

Years in business under present name: _____

Normal counties of operation: _____

Email Address: _____

LICENSINGATTACH**** copy(s) of your current license(s) as required by State/County/Municipalities for the work you propose to bid. (Note: it will be your responsibility to establish proper licensing for your trade in the state/county/city where a project is located)

INSURANCEATTACH**** samples of your current certificates of insurance for:
1) Commercial General Liability 2) Commercial Auto Owned Hired/Non Owned 3) Florida Workers Compensation. 4) Other policies that apply to your trade (Asbestos Abatement Liability, Professional Liability, etc.)

BONDS Are you able to provide Bid, Payment and Performance bonds? _____ If yes, attach a letter of ability to bond from your surety or surety agent, giving surety name and limit per bond and aggregate.

PROJECT LIST / REFERENCESATTACH**** list of at least three current major projects. Indicate date started and completed brief description of your work, your initial contract size and your completed contract size, General Contractor (with contact name and phone), Architect name, and whether you bonded the job.

SPECIAL CONDITIONS AND QUALIFICATIONS Is your firm certified by the State of Florida as a Minority Business Enterprise? _____ Women Owned Business? _____ Other special certification: _____ If yes, attach copy of your state certification (also attach any local certifications you hold for counties/cities)

GENERAL: Trades usually self performed: _____
Percent of work Performed by your own forces: _____ Value of work now under contract \$ _____
Value of work in placed in the last 3 years:
2006 \$ _____ 2007 \$ _____ 2008 \$ _____

Staffing: Briefly list manpower you propose to provide on this project; _____

References: Provide at least 5 Construction Managers or General Contractors that we may contact.

I hereby certify that the above and attached information is true and correct:

Signed _____ Date _____

Print Name and Title: _____