



General Contracting • Development • Construction Management

GARDEN DISTRICT COTTAGES SUBCONTRACTOR PRE-QUALIFICATION FORM

Is your company a certified: [] Minority Business [] Women Owned Business

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Federal ID# _____

Email Address: _____

Web Site: _____

Type of work qualified to perform: (masonry, steel, etc.) _____

Specific Geographical Area You Work In: _____

Year Business Started: _____ Number of Employees: _____

Has Company or any of its Owners Declared Bankruptcy in last 5 years? [] Yes [] No

Is Company Bondable? [] YES [] NO Single Project Limit \$ _____ Total \$ _____

Have you ever failed to complete a project: [] YES (explain details below) [] NO

Details: _____

Have you ever failed to complete a project on time? [] YES (explain detail below) [] NO

If yes, please provide a complete explanation on a separate sheet.

Have you had a contract terminated due to performance? [] YES (explain detail below) [] NO

If yes, please provide a complete explanation on a separate sheet.

What is your current Worker's Compensation Experience Modification Rating (EMR)_____

Jobs Run @ Time: _____

Annual Volume \$ _____

Largest Job \$ _____

Average Job \$ _____

Smallest Job \$ _____

Current Contract Backlog:

Do you have a Service Department? [] YES [] NO

Do you have 24 hr coverage? [] YES [] NO

Contractor's License (s) States and Numbers

State: _____ No: _____

State: _____ No: _____

Estimating Contact: _____

Business Type: [] Corporation [] Partnership [] Limited Liability Company [] Sole Proprietor [] other (specify)

Is your company owned or controlled by a parent or any other organization? [] YES [] NO

If yes, please describe on a separate sheet.

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction Contracts, within the last three (3) years? [] YES [] NO

If yes, please provide a complete explanation on a separate sheet.

I. Legal Information

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officer or principals? [] YES [] NO

If yes, please provide a complete explanation on a separate sheet.

II. References

Banking

Name & Branch _____ Since? _____

City, State, Zip _____

Contact Person _____

Bonding

Bonding Company _____ Since? _____

Surety Broker/Agent _____ Since? _____

Contact Person _____ Telephone _____

Bonding Capacity – Per Project \$ _____ Aggregate \$ _____

Last Bond Issued – Date _____ Amount \$ _____ Rate % _____

Please attach a formal letter from your bonding company.

Insurance

General Liability Carrier _____ Since ? _____

Contact Person _____ Telephone _____

What is your limit to Liability insurance? _____

Your Key Supplier

Supplier Name & Location _____

Contact Person _____

3 References (Owner, Architects, and at least 2 General Contractors for work completed within the last 2 years):

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract \$ _____

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract \$ _____

Project: _____ Company: _____

Address: _____

Telephone: _____ Fax: _____ Your Contract \$ _____

III. Financial Information

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization? YES NO

If yes, please provide a complete explanation on a separate sheet.

V. Experience

Has your company had experience with LEED projects YES NO

VI. Safety

Does your firm have a written safety plan? YES NO

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?

YES NO

If yes, please describe in detail on additional attached sheet what occurred and what steps were taken by the company to prevent from happening in the future.

OSHA Incident Rate: Please list your firms OSHA incident rate for the most recent three (3) years
YR. / Rate _____ YR. / Rate _____ YR. / Rate _____

VII. Additional Information

Please list any additional information you feel will help us determine your company's qualifications and expertise _____

I hereby certify that the above information is accurate, correct and true.

Completed By: _____
(Name)

(Title)

(Signature)

(Date)

NOTE: PARSCO, LLC. REQUIRES AN INSURANCE CERTIFICATE ON FILE INDICATING AUTO, GENERAL LIABILITY AND WORKER'S COMPENSATION INSURANCE AND EXPIRATION DATES.

PLEASE E-MAIL TO: info@gardendistrictcottages.com
or FAX TO: 850-898-3423

NO SUBCONTRACTOR WILL BE QUALIFIED WITHOUT INSURANCE OF FILE.