



Subcontractor Qualification Form

Date: _____

MAIN COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

Federal Employer Identification Number (FEIN): _____

Is your firm's address also a residential address: Yes No

Firm Type: Corporation Partnership Sole Proprietorship Joint Venture Other

Does your firm have union affiliations? Yes No

Is your firm a minority owned business? Yes No DBE WBE MBE SBA/8A

Owners or Major Stockholders: _____

Name of President: _____ Years in Position: _____

Name of Vice President: _____ Years in Position: _____

Name of Treasurer: _____ Years in Position: _____

Date the firm was organized in its present form: _____

Have there been any recent changes in ownership or management? Yes No (If yes, please explain)

FINANCIAL AND LIABILITY

Name of Bonding Company: _____

Name of Bonding Agent: _____ Phone: _____

Address: _____

Aggregate Bonding Capacity: \$ _____ Single Project Bonding Capacity: \$ _____

Value of work presently bonded: \$ _____

Largest Bond obtained in the past three (3) years? _____

Name of Insurance Company: _____

Name of Agent: _____ Phone: _____

Address: _____

General Liability Insurance: _____ Policy Number _____ Expiration Date _____

Worker's Compensation Insurance: _____

Does the firm have a current Dunn & Bradstreet rating? Yes No
If yes, what is the rating? _____ D&B Number: _____

Bank Reference: _____
Name of Contact: _____ Phone: _____
Address: _____

Is the firm now, or has it even been involved in bankruptcy proceedings? Yes No
Is the firm now, or has it ever been involved in reorganization proceedings? Yes No
Are there any pending or outstanding judgments, claims, or law suits? Yes No
Has your firm ever failed to complete a contract? Yes No
(If the answer is yes to any of the above questions, please explain on a separate sheet)

Geographic Area of Business: _____
Specialty Work/Trades: _____
Years Performing Specialty Work: _____ Percent of Work Performed by Own Forces _____ %
Explain any limits on your firm's license: _____
Total Number of Permanent Staff Employed by Company: _____
This includes: _____ Office Staff _____ Field Personnel _____ Field Craftsmen

Annual sales and work in place volume for the last three (3) years:

<u>Year</u>	<u>Work in Place</u>	<u>Sales</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Current Workers Compensation Experience Modification Rate Factor (EMR): _____
Is Company in Compliance with EEO Requirements? Yes No
Approximate Value of Equipment Owned by Company \$ _____ (Attach equipment list)

PROJECT EXPERIENCE

Describe project experience (past 3 years) including contracts, addresses, and phone numbers:

Project Name/Location: _____
Description of Work: _____
Your Contract Amount: \$ _____
General Contractor: _____
Contact: _____ Phone: _____
Email Address: _____

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Description of Work: _____
Your Contract Amount: \$ _____
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Contact: _____ Phone: _____
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Your Contract Amount: \$ _____
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Contact: _____ Phone: _____
Email Address: _____

By signing this form, I, _____ duly authorized as
_____ of _____, affirm and certify that
the information contained herein is accurate, and entitle Scherer Construction to contact references contained
in this Subcontract Qualification form.

Date

Signature

Print Name

*Additional ways to turn in the application:

Gainesville Office:
Email: annepolo@schernfl.com
Fax: (352) 338-1018
Mail: 2504 NW 71st Place, Gainesville, FL 32653

Jacksonville Office:
Email: jaxadmin@schernfl.com
Fax: (904) 288-0041
Mail: 2926 Edison Avenue, Jacksonville, FL 32254