SCHERER CONSTRUCTION

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CGC057622 CGC1524022

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: _____

	Policy Number	Expiration Date
General Liability Insurance:	_____	_____
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:

Year	Work in Place	Sales
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____

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: _____

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

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: $_____

General Contractor: _____

Contact: _____ Phone: _____

Email Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: $_____

General Contractor: _____

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: shelleyvickers@scherernfl.com
Fax: (352) 338-1018
Mail: 2504 NW 71st Place, Gainesville, FL 32653

Jacksonville Office:
Email: jaxadmin@scherernfl.com
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