



PREQUALIFICATION QUESTIONNAIRE

20 Ram Blvd., Midway FL 32343 Phone: (850)671-7267 Fax: (850)671-2773 Website: www.ramflorida.com

The contractor acknowledges that this Experience Questionnaire and Financial Statement is made for the express purpose of inducing the agency to whom its is submitted to solicit a proposal to the contractor and further, the contractor acknowledges that the agency may, at its discretion, by means which the agency may choose, determine the truth and accuracy of all statements made by the contractor herein. Bid proposals will only be accepted from those firms who pre-qualify based on this data.

SECTION 1 – AREA OF INTEREST

Indicate trade(s) you wish to pre-qualify for: (Circle)

- | | | |
|-------------------------------------|----------------------------|--------------------------|
| Site Work | Trusses | Stucco |
| Demolition | Millwork/Molding/Cabinetry | Acoustical Ceiling |
| Landscaping | Roofing | Plumbing |
| Paving | Insulation | Fire Suppression Systems |
| Fencing | Doors & Hardware | HVAC |
| Concrete | Overhead Coiling Doors | Electrical |
| Masonry | Glass/Windows | Data/Phones/Security |
| Metals | Drywall/Metal Stud Framing | Other: _____ |
| Pre-Engineered Metal Bldgs/Erection | Painting/Waterproofing | |
| Framing/Lumber | Floor Coverings/Tile | |

Do you supply materials (Y/N) _____ Do you install (Y/N) _____

SECTION 2 – COMPANY DATA

1. Please provide the following company information:

Company Name: _____

Physical Address: _____ City: _____ State: _____

County: _____ Zip Code: _____ Phone No.: _____

Estimators Contact Information: Name: _____ Fax No.: _____

Email Address: _____

2. Are you organized as a(n):

Individual () Partnership () Corporation () Joint Venture ()
 Owners, officers, or partner names: _____

3. In the past, has your company been involved in any of the following:

- | | | |
|-----------------------------------------------------------------------------|---------|--------|
| A. Been denied a contract award on which you were low bidder. | ___ Yes | ___ No |
| B. Been terminated on a contract you were awarded. | ___ Yes | ___ No |
| C. Ever failed to complete a project. | ___ Yes | ___ No |
| D. Been assessed liquidated damages of penalties. | ___ Yes | ___ No |
| E. Ever refused an offer contract for which you submitted a proposal | ___ Yes | ___ No |
| F. Been involved in any litigation in the past five (5) years | ___ Yes | ___ No |
| G. In the past five (5) years, been cited by OSHA for safety violations? | ___ Yes | ___ No |
| H. In the last three (3) years, been issued "Notice to Cure" under contract | ___ Yes | ___ No |

If you have answered yes to any of these, please provide a brief explanation. _____

4. Are you able to acquire bonding? If so, please send a letter from your bonding agent.

5. List all licenses, license numbers and appropriate classifications.



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6. List name, address and contact of one (1) bank reference.

7. List name, address and telephone number of three (3) trade references.

8. Number of years your company has been in business.

9. Is your company MBE certified? (If yes, provide evidence of certification)

10. What percentage of your business is: commercial _____% residential _____%

SECTION 3 – EXPERIENCE & PERSONNEL

1. Please provide a list of the last three (3) completed projects including the following information: Project name and location, General Contractor or owner name & phone number.

2. What is the minimum and maximum contract value your company typically performs?

3. What size is your workforce (Superintendents _____, foreman _____, craftsmen _____)

4. What geographic area or regions does the company typically cover?

SECTION 4 – FINANCIAL

1. Provide the following information:

Gross revenue for the prior three (3) years _____

Current Assets: Cash, Checking, or Savings Total: _____

Accounts & Retainage Receivable: _____

Current Liabilities: Notes Payable-due within one year: _____

Accounts & Retainage Payable: _____

2. Provide your Federal ID number (Corporations) _____ or Social Security number (Sole Proprietors) _____

We also request a completed W-9 form which can be found on the web at www.irs.gov or by request.

SECTION 5 – INSURANCE

Provide a Certificate of Liability Insurance showing current General Liability and Workers Compensation coverage.

SECTION 6 – PREQUALIFICATION REMITTANCE

Please send completed documents by fax, mail, or email to Paul Gleasman at: Fax Number: (850) 671-2773 or Mailing Address: 20 Ram Blvd., Midway, FL 32343 or email to info@ramflorida.com. You can find a PDF and Word version of this form on our website.