



Subcontractor Prequalification Form

Please be sure to complete ALL of the following information for evaluation of your firms capabilities. Additional Information may be attached and submitted for review.

Email this form to Arla Brimer (Arla@schmidconstruction.com) or fax to 352-243-1604

Company Name: _____

Company Contact: _____

Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Service Counties- FL: _____

Service States: _____

Trade: _____

Year Business Started: _____

1. Ownership

Name: _____

% Ownership: _____ Position: _____

Date of Birth: _____ Social Security # _____

Years w/ Co: _____ Years in Construction: _____

Name: _____

% Ownership: _____ Position: _____

Date of Birth: _____ Social Security # _____

Years w/ Co: _____ Years in Construction: _____

Name: _____

% Ownership: _____ Position: _____

Date of Birth: _____ Social Security # _____

Years w/ Co: _____ Years in Construction: _____

2. Construction

Specialty: _____

Typical Job Size: \$ _____ to _____

Geographic Region: _____

Current Backlog: \$ _____

List Three Largest Projects Completed to Date:

1. Owner Name: _____

Contact Person: _____

Phone Number: _____ Ext: _____

Email: _____ Fax: _____

Year Completed: _____ Contract Size: \$ _____

2. Owner Name: _____

Contact Person: _____

Phone Number: _____ Ext: _____

Email: _____ Fax: _____

Year Completed: _____ Contract Size: \$ _____

3. Owner Name: _____

Contact Person: _____

Phone Number: _____ Ext: _____

Email: _____ Fax: _____

Year Completed: _____ Contract Size: \$ _____

3. References

General Contractor

Company Name: _____ Contact Person: _____
Job Size: _____ Email: _____
Phone Number: _____ Fax: _____

Company Name: _____ Contact Person: _____
Job Size: _____ Email: _____
Phone Number: _____ Fax: _____

Architect or Engineer

Company Name: _____ Contact Person: _____
Job Size: _____ Email: _____
Phone Number: _____ Fax: _____

Company Name: _____ Contact Person: _____
Job Size: _____ Email: _____
Phone Number: _____ Fax: _____

Suppliers

Company Name: _____ Contact Person: _____
Job Size: _____ Email: _____
Phone Number: _____ Fax: _____

Company Name: _____ Contact Person: _____
Job Size: _____ Email: _____
Phone Number: _____ Fax: _____

4. Professional Services

Bank Name: _____
Address: _____
Representative: _____
Phone Number: _____ Amount of Line: \$ _____
Tenure with Bank: _____

Surety: _____
Representative: _____
Phone Number: _____
Surety Program: Single Limit \$ _____ Aggregate \$ _____
Tenure with Surety: _____

Accountant: _____
Representative: _____
Phone Number: _____
Tenure with Accountant: _____

Attorney: _____
Representative: _____
Phone Number: _____
Tenure with Attorney: _____

5. Operations Overview

Has your company ever failed to finish a job or been terminated by an owner? If so please explain.

Revenues in the past three years:

Range in crew size in the past 2 years: _____ Number of crews currently active: _____

Current number of foreman or project superintendents: _____

Anticipated revenues in the upcoming year: _____

Average aging of your accounts payables: _____ Any job litigations: _____

Average number of laborers employed over the past year: _____

Number of jobs currently on hand: _____ Number of Field personnel currently employed: _____

What is the company's workman's comp. Mod: _____

6. Bond

Are you bondable? Yes _____ No _____

If so, what is your rate? _____%

Do you know which individual(s) will be assigned to this project if you are the subcontractor of choice?

Please provide a brief background (years with the company, largest job completed while employed with your firm) of individuals Experience:

7. Please attach your company's latest:

- **Fiscal Year End Financial Statement**
- **Certificate of Insurance**
- **Bondability Letter**
- **Copy of Business License**

8. Signature

Name

Date