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CONTACT INFORMATION ———	
Company Name:	
Contact Person:	
Title:	
Phone Number:	
Street Address:	
Suite No.:	City:
State:	Zip:
EVDEDIENCE	

EXPERIENCE —————	
I . Please check the CSI Codes applicable to you	r business:
	r business: 06 80 00 Composite Fabrications 07 00 00 Thermal And Moisture Protection 07 10 00 Waterproofing 07 20 00 Thermal Protection 07 25 00 Weather Barriers 07 30 00 Steep Slope Roofing 07 40 00 Roofing And Siding Panels 07 50 00 Membrane Roofing 07 60 00 Flashing And Sheet Metal 07 70 00 Roof And Wall Specialties 07 80 00 Fire And Smoke Protection 07 90 00 Joint Protection 08 00 00 Openings 08 10 00 Doors And Frames 08 30 00 Specialty Doors And Frames 08 40 00 Curtain Walls 08 50 00 Windows 08 60 00 Roof Windows And Skylights 08 70 00 Hardware 08 80 00 Glazing 08 90 00 Louvers And Vents 09 00 00 Finishes
04 70 00 Manufactured Masonry 05 00 00 Metals 05 10 00 Structural Metal Framing 05 20 00 Metal Joists 05 30 00 Metal Decking 05 40 00 Cold-Formed Metal Framing 05 50 00 Metal Fabrications 05 70 00 Decorative Metal 06 00 00 Wood, Plastics, And Composites 06 10 00 Rough Carpentry 06 20 00 Finish Carpentry 06 40 00 Architectural Woodwork 06 50 00 Structural Plastics 06 60 00 Plastic Fabrications 06 70 00 Structural Composites	09 20 00 Plaster And Gypsum Board 09 30 00 Tiling 09 50 00 Ceilings 09 60 00 Flooring 09 70 00 Wall Finishes 09 80 00 Acoustic Treatment 09 90 00 Painting And Coating 10 00 00 Specialties 10 10 00 Information Specialties 10 20 00 Interior Specialties 10 30 00 Fireplaces And Stoves 10 40 00 Safety Specialties 10 50 00 Storage Specialties 10 70 00 Exterior Specialties

CONSTRUCTION GROUP

License Type	e: l	icense Numl	oer:	State:

License Number: State: License Type:

License Number: State: License Type:

License Number: License Type: State:

	PROJECT SIZE			
BUILDING TYPE	Less than \$100,000	Over \$250,000	Over \$500,000	
Federal				
Airports				
Healthcare				
Educational				
Office				
Retail				

4. Please indicate the highest construction value your company wishes to be considered for (Keep in mind you must be able to bond the amount indicated below)

\$0,00 - \$25,0000

\$25,000 - \$50,000

\$50,000 - \$150,000

\$150,000 - \$250,000

\$250,000 - \$500,000

Over \$500,000

5. List the 3 most important projects your company has completed in the past 3 years:

Project Name	Cost	End Date	Owner

- 6. Indicate the Total \$ Amount of Uncompleted work:
- 5. List the 3 most important projects your company has in progress at the moment:

Project Name	Cost	End Date	% Complete	Owner

CORPORATE & FINANCIAL INFO

1. How long has your company been in operations?

0 - 5 years

5 - 10 years

over 10 years

2. How is your company organized:

Sole Proprietorship

Partnership

Corporation

Joint Venture

Other:

- 3. If applicable, State of Incorporation:
- 4. What is your Federal Tax ID Number:



5. List the names of the 3 top	officers in your company:	
Name:	Title:	
Name:	Title:	
Name:	Title	
6. Does your company operc	ite under any other name:	
7. Is your company affiliated	with any other company?	
Name:		
Address:		
Phone Number:		
Relationship:		
8. Surety Information Surety Company:		
Bonding Agent:		
Name:		
Phone Number:		
Single Capacity:	Aggregate Capac	ity:
9. Insurance Information Insurance Company:		
Insurance Agent:		
Name:		
Phone Number:		
10. Check your Company's A	Areas of Operations: Central Florida	All Florida
South East US	Other:	
11. Check the Categories the Large Business	at Apply to your firm: Small Business	8(a)
HUB Zone	Women-Owned Business	Service-Disabled Veteran
Alaska-Native	MDC CSBE Level 1	MDC Level 2

Florida DBE

Other:

CSBE Level 3

SUB-CONTRACTOR PRE-QUALIFICATION FORM LUNACON CONSTRUCTION GROUP

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12. Please indicate which type	of work does y	our firm Self-Perfor	m:		
Electrical	Mechanica	I	Fire Protection	on	
Sheet Metal	Roofing		Earthwork	Earthwork	
Demolition	Asphalt		Masonry	Masonry	
Drywall	Painting		Other:		
13. What percentage of the wo	ork do you typic	cally Self-Perform:			
14. Please indicate the number Office:	of people you	r company current Field:	ly employs:		
15. Have you ever failed to cor	nplete any pro	ject awarded to yo	u? Yes	No	
16. Indicate the yearly volume 2009:	of work awarde 2010:	ed to your firm for	the past 3 yea 2011:	rs:	
17. Please include the following Date of Statement:	g Financial Info	ormation. Retained Earnings	s:		
Current Assets:		Net Worth:			
Current Liabilities:					
REFERENCES —					
1. List 3 Trade References					
Contact Name/Title	Company	Phone Number	E-mail /	Address	
2. Provide 1 Banking Reference	;				
Contact Name/Title	Bank Name	Phone Number	E-mail /	Address	
SAFETY RECORD & PI	ROGRAM-				
1. Indicate you EMR (Experienc		Rate) for the past :	,		
2009:	2010:		2011:		
2. Do you conduct Safety Inspe Who conducts the safety insp How Often?		Yes N	40		

Yes

No

3. Do you have a written Safety Program?

CONSTRUCTION GROUP

4. Do you have a Drug & Alcohol Policy in place?
5. Do you conduct "Toolbox" Safety Meetings?
How Often?

Yes

No

3. Do you have a safety orientation program for new employees in place?

All information submitted is held in strict confidence. By clicking in the box you hereby certify that all the foregoing statements contained herein are true and correct.