

CONTACT INFORMATION

Company Name:

Contact Person:

Title:

Phone Number:

Street Address:

Suite No.: City:

State: Zip:

EXPERIENCE

1. Please check the CSI Codes applicable to your business:

- | | |
|--|---|
| <input type="checkbox"/> 02 00 00 Existing Conditions | <input type="checkbox"/> 06 80 00 Composite Fabrications |
| <input type="checkbox"/> 02 20 00 Assessment | <input type="checkbox"/> 07 00 00 Thermal And Moisture Protection |
| <input type="checkbox"/> 02 30 00 Subsurface Investigation | <input type="checkbox"/> 07 10 00 Waterproofing |
| <input type="checkbox"/> 02 40 00 Demolition And Structure Moving | <input type="checkbox"/> 07 20 00 Thermal Protection |
| <input type="checkbox"/> 02 50 00 Site Remediation | <input type="checkbox"/> 07 25 00 Weather Barriers |
| <input type="checkbox"/> 02 60 00 Contaminated Site Material Removal | <input type="checkbox"/> 07 30 00 Steep Slope Roofing |
| <input type="checkbox"/> 02 70 00 Water Remediation | <input type="checkbox"/> 07 40 00 Roofing And Siding Panels |
| <input type="checkbox"/> 02 80 00 Facility Remediation | <input type="checkbox"/> 07 50 00 Membrane Roofing |
| <input type="checkbox"/> 03 00 00 Concrete | <input type="checkbox"/> 07 60 00 Flashing And Sheet Metal |
| <input type="checkbox"/> 03 10 00 Concrete Forming And Accessories | <input type="checkbox"/> 07 70 00 Roof And Wall Specialties |
| <input type="checkbox"/> 03 20 00 Concrete Reinforcing | <input type="checkbox"/> 07 80 00 Fire And Smoke Protection |
| <input type="checkbox"/> 03 30 00 Cast-In-Place Concrete | <input type="checkbox"/> 07 90 00 Joint Protection |
| <input type="checkbox"/> 03 40 00 Precast Concrete | <input type="checkbox"/> 08 00 00 Openings |
| <input type="checkbox"/> 03 50 00 Cast Decks And Underlayment | <input type="checkbox"/> 08 10 00 Doors And Frames |
| <input type="checkbox"/> 03 60 00 Grouting | <input type="checkbox"/> 08 30 00 Specialty Doors And Frames |
| <input type="checkbox"/> 03 70 00 Mass Concrete | <input type="checkbox"/> 08 40 00 Curtain Walls |
| <input type="checkbox"/> 03 80 00 Concrete Cutting And Boring | <input type="checkbox"/> 08 50 00 Windows |
| <input type="checkbox"/> 04 00 00 Masonry | <input type="checkbox"/> 08 60 00 Roof Windows And Skylights |
| <input type="checkbox"/> 04 20 00 Unit Masonry | <input type="checkbox"/> 08 70 00 Hardware |
| <input type="checkbox"/> 04 40 00 Stone Assemblies | <input type="checkbox"/> 08 80 00 Glazing |
| <input type="checkbox"/> 04 50 00 Refractory Masonry | <input type="checkbox"/> 08 90 00 Louvers And Vents |
| <input type="checkbox"/> 04 60 00 Corrosion-Resistant Masonry | <input type="checkbox"/> 09 00 00 Finishes |
| <input type="checkbox"/> 04 70 00 Manufactured Masonry | <input type="checkbox"/> 09 20 00 Plaster And Gypsum Board |
| <input type="checkbox"/> 05 00 00 Metals | <input type="checkbox"/> 09 30 00 Tiling |
| <input type="checkbox"/> 05 10 00 Structural Metal Framing | <input type="checkbox"/> 09 50 00 Ceilings |
| <input type="checkbox"/> 05 20 00 Metal Joists | <input type="checkbox"/> 09 60 00 Flooring |
| <input type="checkbox"/> 05 30 00 Metal Decking | <input type="checkbox"/> 09 70 00 Wall Finishes |
| <input type="checkbox"/> 05 40 00 Cold-Formed Metal Framing | <input type="checkbox"/> 09 80 00 Acoustic Treatment |
| <input type="checkbox"/> 05 50 00 Metal Fabrications | <input type="checkbox"/> 09 90 00 Painting And Coating |
| <input type="checkbox"/> 05 70 00 Decorative Metal | <input type="checkbox"/> 10 00 00 Specialties |
| <input type="checkbox"/> 06 00 00 Wood, Plastics, And Composites | <input type="checkbox"/> 10 10 00 Information Specialties |
| <input type="checkbox"/> 06 10 00 Rough Carpentry | <input type="checkbox"/> 10 20 00 Interior Specialties |
| <input type="checkbox"/> 06 20 00 Finish Carpentry | <input type="checkbox"/> 10 30 00 Fireplaces And Stoves |
| <input type="checkbox"/> 06 40 00 Architectural Woodwork | <input type="checkbox"/> 10 40 00 Safety Specialties |
| <input type="checkbox"/> 06 50 00 Structural Plastics | <input type="checkbox"/> 10 50 00 Storage Specialties |
| <input type="checkbox"/> 06 60 00 Plastic Fabrications | <input type="checkbox"/> 10 70 00 Exterior Specialties |
| <input type="checkbox"/> 06 70 00 Structural Composites | <input type="checkbox"/> 10 80 00 Other Specialties |

- 11 00 00 Equipment
- 11 10 00 Vehicle And Pedestrian Equipment
- 11 15 00 Security, Detention & Banking Equip.
- 11 20 00 Commercial Equipment
- 11 30 00 Residential Equipment
- 11 40 00 Food Service Equipment
- 11 50 00 Educational And Scientific Equipment
- 11 60 00 Entertainment Equipment
- 11 65 00 Athletic And Recreational Equipment
- 11 70 00 Healthcare Equipment
- 11 80 00 Collection And Disposal Equipment
- 11 90 00 Other Equipment
- 12 00 00 Furnishings
- 12 10 00 Art
- 12 20 00 Window Treatments
- 12 30 00 Casework
- 12 40 00 Furnishings And Accessories
- 12 50 00 Furniture
- 12 60 00 Multiple Seating
- 12 90 00 Other Furnishings
- 13 00 00 Special Construction
- 13 10 00 Special Facility Components
- 13 20 00 Special Purpose Rooms
- 13 30 00 Special Structures
- 13 40 00 Integrated Construction
- 13 50 00 Special Instrumentation
- 14 00 00 Conveying Equipment
- 14 10 00 Dumbwaiters
- 14 20 00 Elevators
- 14 30 00 Escalators And Moving Walks
- 14 70 00 Turntables
- 14 80 00 Scaffolding
- 14 90 00 Other Conveying Equipment
- 21 00 00 Fire Suppression
- 21 10 00 Water-Based Fire-Suppression Systems
- 21 20 00 Fire-Extinguishing Systems
- 21 30 00 Fire Pumps
- 21 40 00 Fire-Suppression Water Storage
- 22 00 00 Plumbing
- 22 10 00 Plumbing Piping And Pumps
- 22 30 00 Plumbing Equipment
- 22 40 00 Plumbing Fixtures
- 22 50 00 Pool And Fountain Plumbing Systems
- 22 60 00 Gas And Vacuum Systems
- 23 00 00 HVAC
- 23 10 00 Facility Fuel Systems
- 23 20 00 HVAC Piping And Pumps
- 23 30 00 HVAC Air Distribution
- 23 40 00 HVAC Air Cleaning Devices
- 23 50 00 Central Heating Equipment
- 23 60 00 Central Cooling Equipment
- 23 70 00 Central HVAC Equipment
- 23 80 00 Decentralized HVAC Equipment
- 25 00 00 Integrated Automation
- 26 00 00 Electrical
- 26 10 00 Medium Voltage Electrical Dist.
- 26 20 00 Low Voltage Electrical Distribution
- 26 30 00 Electrical Power Generating
- 26 40 00 Electrical & Cathodic Protection
- 26 50 00 Lighting
- 27 00 00 Communications
- 27 10 00 Structured Cabling
- 27 20 00 Data Communications
- 27 30 00 Voice Communications
- 27 40 00 Audio-Video Communications
- 27 50 00 Distributed Communications
- 28 00 00 Electronic Safety And Security
- 28 10 00 Electronic Access Control
- 28 20 00 Electronic Surveillance
- 28 30 00 Electronic Detection And Alarm
- 28 40 00 Electronic Monitoring & Control
- 31 00 00 Earthwork
- 31 10 00 Site Clearing
- 31 30 00 Earthwork Methods
- 31 40 00 Shoring And Underpinning
- 31 50 00 Excavation Support & Protection
- 31 60 00 Special Foundations
- 31 70 00 Tunneling And Mining
- 32 00 00 Exterior Improvements
- 32 10 00 Bases, Ballasts, And Paving
- 32 30 00 Site Improvements
- 32 70 00 Wetlands
- 32 80 00 Irrigation
- 32 90 00 Planting
- 33 00 00 Utilities
- 33 10 00 Water Utilities
- 33 20 00 Wells
- 33 30 00 Sanitary Sewerage Utilities
- 33 40 00 Storm Drainage Utilities
- 33 50 00 Fuel Distribution Utilities
- 33 60 00 Hydronic & Steam Energy Utilities
- 33 70 00 Electrical Utilities
- 33 80 00 Communications Utilities
- 34 00 00 Transportation
- 34 10 00 Guideways/Railways
- 34 20 00 Traction Power
- 34 50 00 Fare Collection Equipment
- 34 80 00 Bridges

2. Please list Licenses & License Numbers you hold:

License Type: License Number: State:

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3. Check the building type and size your company has experience with:

BUILDING TYPE	PROJECT SIZE		
	Less than \$100,000	Over \$250,000	Over \$500,000
Federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 - \$25,000
 \$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 operate 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 Capacity:

9. Insurance Information

Insurance Company:

Insurance Agent:

Name:

Phone Number:

10. Check your Company's Areas of Operations:

South Florida Central Florida All Florida

South East US Other:

11. Check the Categories that Apply to your firm:

Large Business Small Business 8(a)

HUB Zone Women-Owned Business Service-Disabled Veteran

Alaska-Native MDC CSBE Level 1 MDC Level 2

CSBE Level 3 Florida DBE Other:

12. Please indicate which type of work does your firm Self-Perform:

- Electrical Mechanical Fire Protection
- Sheet Metal Roofing Earthwork
- Demolition Asphalt Masonry
- Drywall Painting Other:

13. What percentage of the work do you typically Self-Perform:

14. Please indicate the number of people your company currently employs:

Office: Field:

15. Have you ever failed to complete any project awarded to you? Yes No

16. Indicate the yearly volume of work awarded to your firm for the past 3 years:

2009: 2010: 2011:

17. Please include the following Financial Information.

Date of Statement: Retained Earnings:

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 & PROGRAM

1. Indicate your EMR (Experience Modification Rate) for the past 3 years:

2009: 2010: 2011:

2. Do you conduct Safety Inspections? Yes No

Who conducts the safety inspections?

How Often?

3. Do you have a written Safety Program? Yes No

3. Do you have a safety orientation program for new employees in place? Yes No

4. Do you have a Drug & Alcohol Policy in place? Yes No

5. Do you conduct "Toolbox" Safety Meetings? Yes No

How Often?

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.

PRINT

EMAIL