



PREQUALIFICATION QUESTIONNAIRE

20 Ram Blvd., Midway FL 32343

Phone: (850)671-7267

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.

PROJECT SPECIFIC (If identified): _____

SECTION 1 – AREA OF INTEREST

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

02-Site Work
02-Demolition
02-Landscaping
02-Paving
02-Fencing
03-Concrete
04-Masonry
05-Metals
06-Framing/Lumber

06-Trusses
06-Millwork/Molding/Cabinetry
07-Roofing
07-Insulation
08-Doors & Hardware
08-Overhead Coiling Doors
08-Glass/Windows
09-Drywall/Metal Stud Framing
09-Painting/Waterproofing
09-Floor Coverings/Tile

09-Stucco
09-Acoustical Ceiling
10-Specialties
13-Pre-Engineered Metal Bldgs/Erection
15-Plumbing
15-Fire Suppression Systems
15-HVAC
16-Electrical
16-Data/Phones/Security
Other: _____

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. _____



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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.
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 and contract amounts.

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.