



Pirtle Construction Company 5700 Griffin Road, Suite 200 Davie, Florida 33314
Tel: 954.797.0410 Fax: 954.797.6330

SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY: _____

MAIN CONTACT: _____

MAIN CONTACT E-MAIL: _____

ADDRESS: _____

PHONE: _____

FAX: _____

COMPANY WEBSITE: _____

DOES YOUR COMPANY ROUTINELY USE E-MAIL AS A METHOD OF COMMUNICATION? (Y/N) _____

ESTIMATING DEPT. INFORMATION:

ESTIMATING CONTACT: _____

ESTIMATING PHONE: _____

ESTIMATING FAX: _____

ESTIMATING E-MAIL: _____

BID DOCUMENT DELIVERY ADDRESS: _____

IS YOUR COMPANY CAPABLE OF ON-SCREEN TAKEOFFS? (Y/N)

FED EX NUMBER: _____

AREA: (check area you work in)

- | | |
|--|--|
| <input type="checkbox"/> All Areas | <input type="checkbox"/> Palm Beach County |
| <input type="checkbox"/> St. Lucie County | <input type="checkbox"/> Broward County |
| <input type="checkbox"/> Martin County | <input type="checkbox"/> Dade County |
| <input type="checkbox"/> Other (please list) | _____ |

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TYPE OF WORK (list each scope of work your company performs):

1. _____
2. _____
3. _____
4. _____
5. _____

1. ORGANIZATION

- 1.1. How many years has your organization been in business as a Subcontractor? _____
- 1.2. Is your company a certified M/WBE, SDBE or CSBE? If so, please list your certifiers and classification:
(ie – Broward Co. Schools, AA)

ATTACH COPIES OF ALL CURRENT CERTIFICATIONS

2. LICENSING AND BONDING

- 2.1. Is your company a State certified contractor? (Y/N) _____
Please provide your license number: _____
- 2.2. Is your company bondable? (Y/N) _____

3. EXPERIENCE

- 3.1. Claims and Suits. (If the answer to any of the questions below is yes, please attach details)
Has your organization ever failed to complete any work awarded to it? (Y/N) _____
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? (Y/N) _____
Does your organization currently have any claims or suits against a GC or CM? (Y/N) _____

State the average annual value of work performed over the past 3 years:

Year 1: _____ Year 2: _____ Year 3: _____

- 3.2. State the value of work currently under contract: _____
- 3.3. State the percentage of work performed by your own forces: _____

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3.4. State the total number of permanent employees currently employed: _____

3.5. State the details of all current contracts (Complete and return Attachment "A").

3.6. **LEED (Leadership in Energy & Environmental Design) PROJECTS:**
Does your company follow LEED requirements? (Indicate LEED projects by checking the LEED column in Attachment A) _____

4. SAFETY & INSURANCE

4.1. Please provide the following information about your insurance carrier:

Name of insurance company: _____

Agent Name: _____ Phone: _____

4.2. Has your organization received any safety violations or fines over the past five (5) years? (Y/N) _____
(If yes, please attach details on a separate sheet).

4.3. Please state your Workers Compensation experience modification rate for the past three (3) years.

Year 1: _____ Year 2: _____ Year 3: _____

5. SPECIAL CONDITIONS

5.1. Check each type of project you wish to bid on:

All Projects	<input type="checkbox"/>	Recreational Facilities	<input type="checkbox"/>
K-12 Schools	<input type="checkbox"/>	Libraries	<input type="checkbox"/>
Universities	<input type="checkbox"/>	Parking Garages	<input type="checkbox"/>
Theaters	<input type="checkbox"/>	Medical Facilities	<input type="checkbox"/>
Science Labs	<input type="checkbox"/>	Police / Prison Facilities	<input type="checkbox"/>

6. REFERENCES

6.1. Provide **letters of reference**, regarding the specific projects you have completed, from up to **five (5)** but no less than three **(3)** General Contractors you have worked with in the past 2 years. Letters must be on the General Contractor's letterhead and provide the Project information related to Subcontractors performance on specific projects.

**YOUR PREQUALIFICATION STATEMENT WILL NOT BE PROCESSED
WITHOUT THESE DOCUMENTS.**

6.2. Complete Attachment A

6.2.1. Attachment A must be completely filled out. Email / Fax Numbers are required for reference requests.

6.2.2. List all major construction projects your organization has completed in the past 3 years and all projects currently in progress.

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7. SIGNATURE

7.1. Dated this _____ day of _____, 20 _____

Name of Organization: _____

By: _____

Title: _____

7.2. I, _____ being
duly sworn deposes and says that the information provided herein is true and sufficiently complete so as
not to be misleading.

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public: _____

My Commission Expires:

ATTACHMENT A - MUST BE COMPLETELY FILLED OUT – EMAIL / FAX NUMBERS ARE REQUIRED FOR REFERENCE

REQUESTS List major construction projects your organization has completed in the last 3 years and all projects currently in progress:

LEED Project?	Project Name and Location	General Contractor	Contact Name/Email	Phone	Fax	Subcontract Amount	% Complete	Completion Date
<input type="checkbox"/>	IT Condominiums 8780 Beach Drive Ft. Pierce, FL 34950	Safety 1 st Construction	Ms. Emily Lang, Project Mgr. elang@safety1st.com	407-555-8596	407-555-6321	675,000	100%	Jan. 2006
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

SAMPLE

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<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
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