



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 <sup>st</sup> Construction	Ms. Emily Lang, Project Mgr. <a href="mailto:elang@safety1st.com">elang@safety1st.com</a>	407-555-8596	407-555-6321	675,000	100%	Jan. 2006
<input type="checkbox"/>								
<input type="checkbox"/>								
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<input type="checkbox"/>								
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SAMPLE

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