



Bidder / Subcontractor Pre-qualification Form

Company Name: _____ License No: _____
 Street Address: _____ Contact Person: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Web/Email: _____
 Type of Work Performed: _____ % Work Self-performed _____
 Years in Business Under Present Name: _____ Years Performing Trade: _____
 Value of Work Presently Under Contract: _____ Avg. Volume Past 3 Years: \$ _____

Surety Company: _____ Agent Company: _____
 Agent Address: _____ Phone: _____
 Agent Contact: _____ Value Presently Bonded: \$ _____
 Your Bonding Capacity: \$ _____ Single \$ _____ Aggregate \$ _____
 Bank Name: _____ Contact & Title: _____
 Address: _____ Phone: _____

In What Counties Do You Perform Work? _____

SAFETY:	Year	20____	20 ____	20 ____
Worker's Compensation Experiencer Modification Rate for last three (3) years:				

Have you had any OSHA fines within the last three (3) years? ___Yes ___No If Yes, attach explanation.

Have you had any jobsite fatalities within the last three (3) years? ___Yes ___No If Yes, attach explanation.

ENCLOSE THE FOLLOWING:

- List of 3 Trade References with full contact information, including phone and fax numbers.
- List of 3 General Contractor references with full contact info, including phone and fax numbers.
- Sample Certificate of Insurance

I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ **PRINT NAME & TITLE:** _____

Email or Fax your pre-qualification to: Thomas LoCicero - Estimating, Wallace Associates, LLC.
 5435 Dr. Martin Luther King Jr. Street North, St. Petersburg, FL 33703 PH:727-520-0700 FX: 727-520-0789
 Email: Thomas@wallace-associates.com

All information to remain confidential