

Prequalification Form will NOT be accepted unless completed in its entirety.

BUSINESS SECTION (please print or type)

Legal Business Name		Date:		
		Project, if applicable:		
		Type of Company <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Both		
Address #1 (Street Address)		Address #2 (Mailing Address)		
City	State	Zip	City	State Zip
Principal Contact	Contact's Title	Yrs in Business (Current Name)	# of Employees	Fed. Tax ID #
Telephone Number	Toll Free Number	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/> Partnership		Labor Affiliation: <input type="checkbox"/> Union <input type="checkbox"/> Merit Shop
Fax Number	Cellular Phone Number			
Contact Email Address		Company Website Address	Is company a certified MBE, DBE or SDB? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Type: <input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> SDB <input type="checkbox"/> Other_____	
Design-Build Capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? (If yes, explain on a separate sheet and attach to this form) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, is engineering staff: <input type="checkbox"/> Internal <input type="checkbox"/> External				

List the corporate officers, partners, or proprietors of your firm: (If additional space needed, list on a separate sheet and attach to this form)

Name	Title	% Ownership
Name	Title	% Ownership
Name	Title	% Ownership
Name	Title	% Ownership

Have any of the above officers ever done business with Integrated Construction through another company? Yes No
(If yes, explain on a separate sheet and attach to this form)

SAFETY SECTION

List your Experience Modification Rate (EMR) for the last three years:

Number of OSHA Recordable incidents over the prior 3 years:

Year	Rate
_____	_____
_____	_____
_____	_____

(Data available at www.osha.com)

Do you have a written Safety Program?

Yes No

Are all employees trained in safety requirements?

Yes No

Do you have a Company Safety Director or other Safety Professionals on Staff?

Yes No

If yes, Contact Name: _____ **Phone:** _____

PROJECT INFORMATION SECTION

List data for three most recent completed fiscal years

Year 1	Max. Contract Value Completed \$	Annual Company Revenue \$	Current Yr Company Workload \$
Year 2	Max. Contract Value Completed \$	Annual Company Revenue \$	Current Yr Company Backlog \$
Year 3	Max. Contract Value Completed \$	Annual Company Revenue \$	

*Select the geographical areas from the listing below where your company is properly licensed and will provide quotes for work.
If only a portion of an area, please describe.*

- All The United States
- AL CA FL IL KY MA MO ND NV OR SD VT WI
 AK CO GA IN LA MI MT NH NY PA TN VA WY
 AZ CT HI IA ME MN NC NJ OH RI TX WA
 AR DE ID KS MD MS NE NM OK SC UT WV
 International Canada Mexico Other _____

List license numbers of jurisdictions in which your company is legally qualified to work. (List additional on separate sheet.)

State	License Number	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the types of projects for which your company typically performs work or in which it specializes.

INSURANCE AND BONDING SECTION

Do you currently carry, or can you obtain the following insurance coverage?

- Worker's Compensation Statutory Maximum at Project Site Location? Yes No
- General Liability \$1,000,000 Yes No
- Automobile Liability \$1,000,000 Yes No
- Employer Liability \$1,000,000 Yes No

Insurance Company	Insurance Agent	Insurance Agent Telephone
Bonding Company	Bonding Company Contact	Bonding Contact Telephone
	Total Bonding Capacity \$	Current Available Bonding Capacity \$

REFERENCE SECTION**Project References (within last three years)**

Project Name	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number
Briefly Describe Work Performed By Your Firm:		

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Major Supplier References (list three current supplier references)

Company Name	Address
Contact	Phone

Company Name	Address
Contact	Phone

Company Name	Address
Contact	Phone

Bank References (list three financial references)

Financial Institution	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Institution	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Institution	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCOPES OF WORK SECTION (Scopes of work that your company performs. Check all that apply.)

1000 GENERAL CONDITIONS

- 1231 Geotechnical Investigation
- 1353 Progress/Aerial Photos
- 1410 Material Testing
- 1544 Final Clean-Up
- 1900 Layout/Surveying
- 1999 Other _____

2000 SITEWORK

- 2300 Earthwork S/C
- 2341 Soil Treatment (Termite)
- 2500 Site Utilities (water, sewer, storm)
- 2710 Asphalt Paving S/C
- 2720 Concrete Paving S/C
- 2730 Curb and Gutter
- 2820 Fencing & Gates
- 2830 Retaining Walls
- 2901 Landscape & Irrigation S/C
- 2999 Other _____

3000 CONCRETE

- 3210 Reinforcing Steel-Furnished
- 3300 Cast-in-Place Concrete S/C
- 3310 Concrete Materials
- 3315 Concrete Pumping
- 3330 Place & Finish
- 3420 Post Tension S/C
- 3999 Other _____

4000 MASONRY

- 4010 Masonry S/C
- 4100 Masonry Materials
- 4400 Stone Masonry
- 4999 Other _____

5000 METALS

- 5120 Structural Steel Supply
- 5170 Structural Steel Erection
- 5210 Steel Joist/Supply
- 5300 Metal Deck Supply
- 5510 Metal Stairs & Handrails
- 5700 Ornamental Metals
- 5999 Other _____

6000 WOOD & PLASTIC

- 6100 Rough Carpentry Material
- 6110 Framing S/C
- 6190 Wood Trusses
- 6200 Finish Carpentry
- 6400 Architectural Casework
- 6610 FRP

6000 WOOD & PLASTIC cont.

- 6999 Other _____

7000 THERMAL & MOIST. PROTECTION

- 7210 Building Insulation
- 7240 Ext. Insul. & Finish Systems (EIFS)
- 7310 Shingle/Tile Roofing
- 7410 Metal Roof & Wall Panels
- 7460 Siding & Soffits
- 7500 Membrane Roofing
- 7700 Roof Specialties
- 7810 Fireproofing
- 7999 Other _____

8000 DOORS & WINDOWS

- 8010 Doors, Frames & Hardware
- 8111 Doors & Hdw. Installers Only
- 8360 Overhead Doors
- 8400 Storefronts
- 8460 Automatic Entrance Doors
- 8500 Windows
- 8800 Glass & Glazing S/C
- 8999 Other _____

9000 FINISHES

- 9220 Plaster/Stucco
- 9250 Drywall S/C
- 9300 Tile
- 9500 Acoustical Ceilings
- 9600 Resilient Flooring/Carpet
- 9640 Wood Flooring
- 9900 Painting/Wall Covering
- 9999 Other _____

10000 SPECIALTIES

- 10160 Toilet Partitions & Accessories
- 10190 Cubicle Curtains
- 10120 Louvers & Vents
- 10260 Wall & Corner Guards
- 10300 Fireplaces & Stoves
- 10350 Flagpoles
- 10400 Identification Devices/Signage
- 10500 Lockers & Benches
- 10520 Fire Extinguisher & Cabinets
- 10530 Prot. Covers/Awnings/Canopies
- 10550 Postal Specialties
- 10650 Oper. Partitions/Accordian Wall
- 10670 Storage Shelving
- 10990 Other _____

11000 EQUIPMENT

- 11030 Bank Equipment
- 11110 Commercial Laundry Equipment
- 11400 Food Service Equipment
- 11450 Residential Equipment
- 11999 Other _____

12000 FURNISHINGS

- 12400 Window Treatment
- 12999 Other _____

13000 SPECIAL CONSTRUCTION

- 13100 Lighting Protection
- 13120 Pre-Engineered Metal Buildings
- 13121 Metal Building Erector
- 13150 Swimming Pools
- 13800 Fire Alarm System
- 13900 Fire Suppression/Protection
- 13990 Other _____

14000 CONVEYING SYSTEMS

- 14200 Elevators & Lifts
- 14580 Pneumatic Tube System
- 14999 Other _____

15000 MECHANICAL

- 15100 HVAC S/C
- 15200 Plumbing S/C
- 15999 Other _____

16000 ELECTRICAL

- 16050 Electrical S/C
- 16500 Lighting Supplier
- 16700 Communications
- 16800 Sound & Video
- 16999 Other _____

17000 SECURITY

- 17000 Security & Alarms
- 17999 Other _____

CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of Integrated Construction LLC.
The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Information Supplied By:

Print Name

Signature

Title

Date

**Return completed form to: Integrated Construction LLC
 14827 Mandarin Road
 Jacksonville, FL 32223
 OR**

Fax (904) 356-6714