



**CONTRACTORS ■ ENGINEERS**  
 7607 Coral Drive, West Melbourne, FL 32904  
 (321) 723-5661 Phone (321) 951-1952 Fax  
 CGC 019528

**SUBCONTRACTOR  
 QUALIFICATION FORM  
 For  
 M.E. CONSTRUCTION, Inc**

**Instructions:** Elaboration of the following requested information or additional information deemed to be useful for evaluation of your firm's capabilities may be attached to this form. Your completed qualification form will be maintained and utilized by M.E. Construction, Inc. as a basis for determining bid or contract award sources.

**PLEASE ATTACH TO THIS FORM, A COPY OF YOUR CERTIFICATE OF INSURANCE INDICATING CURRENT LIMITS, LICENSE COPIES AND A CURRENT FINANCIAL STATEMENT.**

Type of work performed: \_\_\_\_\_ Divisions usually bid: \_\_\_\_\_

**COMPANY BIOGRAPHY**

Legal Business Name \_\_\_\_\_ DBA \_\_\_\_\_

**\*\*\*\*\*Name of Persons Designated to sign Contracts, Lien Waivers, Legal Documents\*\*\*\*\***

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Cell \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

State CONTRACTOR Certification Number \_\_\_\_\_ (Attach Copy of License)

License holders name, address and phone number \_\_\_\_\_

County CONTRACTOR Registration Number \_\_\_\_\_ (Attach Copy of License)

Municipal Occupational License \_\_\_\_\_ (Attach Copy of License)

Type of Business: Corporation ( ) Partnership ( ) Sole Proprietorship ( ) **FED ID#** \_\_\_\_\_

Corporation: State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Name and Home Address and Home Phone of the Following:

President: (Name) \_\_\_\_\_ (Street) \_\_\_\_\_

(City, Zip) \_\_\_\_\_ (Home Phone) ( ) \_\_\_\_\_

Vice President: (Name) \_\_\_\_\_ (Street) \_\_\_\_\_

(City, Zip) \_\_\_\_\_ (Home Phone) ( ) \_\_\_\_\_

Secretary: (Name) \_\_\_\_\_ (Street) \_\_\_\_\_

(City, Zip) \_\_\_\_\_ (Home Phone) ( ) \_\_\_\_\_

Treasurer: (Name) \_\_\_\_\_ (Street) \_\_\_\_\_

(City, Zip) \_\_\_\_\_ (Home Phone) ( ) \_\_\_\_\_

Partnership or Sole Proprietorship Names, Home Addresses and Home Phones of Principals

(Name) \_\_\_\_\_ (Street) \_\_\_\_\_

(City, Zip) \_\_\_\_\_ (Home Phone) ( ) \_\_\_\_\_

(Name) \_\_\_\_\_ (Street) \_\_\_\_\_

(City, Zip) \_\_\_\_\_ (Home Phone) ( ) \_\_\_\_\_



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Years performing work specialty:

Former Company Name:

Does Firm Have State Approved Minority Status? Circle all that apply **MBE** **WBE** **SBE**

Does Firm have an approved EEO policy **Y** **N** Is firm in compliance with all EEO requirements? **Y** **N**

Geographic Locations Firm will perform work:

Florida State-Wide \_\_\_\_\_ Central Florida \_\_\_\_\_ S.E. Florida \_\_\_\_\_ N.E. Florida \_\_\_\_\_

HAS FIRM EVER:

Failed to complete a contract	<b>Y</b>	<b>N</b>
Been involved in a bankruptcy or reorganization	<b>Y</b>	<b>N</b>
Pending judgments, claims or suits against firm	<b>Y</b>	<b>N</b>

(If answer is yes to any of above three questions, submit details on a separate sheet.)

List number of Staff Employed:

Project Managers: \_\_\_\_\_ Superintendents \_\_\_\_\_ Foreman \_\_\_\_\_

Licensed Tradesman \_\_\_\_\_ Apprentices \_\_\_\_\_ Office Staff \_\_\_\_\_

Total Staff Employed: \_\_\_\_\_ Do you have in-house engineering or fabricating capacity? **Y** **N**

\_\_\_\_\_  
 Portions of work to be completed by Sub-Subcontractors:

\_\_\_\_\_  
 Portions of work to be completed by your company's forces:

**BANK INFORMATION**

Bank reference: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_

**FINANCIAL INFORMATION**

Work now under contract \$ \_\_\_\_\_ Current working capital: \$ \_\_\_\_\_

Annual sales last 3 yrs.:

\$ \_\_\_\_\_ Yr. \$ \_\_\_\_\_ Yr. \$ \_\_\_\_\_ Yr.



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**INSURANCE**

INSURANCE AGENCY: \_\_\_\_\_

PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

General Liability Insurance Company \_\_\_\_\_ EFF DATE \_\_\_\_\_ (Attach Certificate)

Workman's Comp Insurance Company \_\_\_\_\_ EFF DATE \_\_\_\_\_ (Attach Certificate)

Are you a Drug Free Workplace? \_\_\_\_\_

**SAFETY**

DOES YOUR FIRM HAVE A MANDATORY SAFETY TRAINING PROGRAM? IF SO, DOES IT MEET THE MINIMUM O.S.H.A. 10 HOUR TRAINING REQUIREMENTS? **Y N**

LIST YOUR FIRM'S WORKMEN COMPENSATION EXPERIENCE MODIFICATION FACTOR FOR THE PAST 3 YEARS: \_\_\_\_\_

DOES YOUR FIRM HAVE A WRITTEN SAFETY PROGRAM AND HAZARDOUS MATERIAL COMMUNICATIONS PROGRAM? \_\_\_\_\_ Please provide a copy.

IN THE PREVIOUS THREE YEARS HAS YOUR FIRM BEEN CITED FOR ANY O.S.H.A. VIOLATIONS? **Y N**  
 IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERFORMANCE HISTORY**

**LIST FOUR (4) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS.**

PROJECT & LOCATION COMP	G.C / CONTACT / PHONE	CONTRACT AMT.	DATE
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**LIST PROJECTS PRESENTLY UNDER CONSTRUCTION AND PROJECTS EXPECTED TO START WITHIN THE NEXT 3 MONTHS.**

PROJECT & LOCATION	G.C. / CONTACT / PHONE	CONTRACT AMT	% COMP.	EXPECTED COMP. DATE
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**TRADE REFERENCE**

**LIST THE THREE (3) MOST SIGNIFICANT SUPPLIERS THAT YOUR FIRM DEALS WITH ON A REGULAR BASIS.**

COMPANY	CONTACT PERSON	PHONE #	HIGH CREDIT LIMIT

**VERIFICATION OF ACCURACY AND AUTHORIZATION TO RELEASE CREDIT INFORMATION**

The Applicant \_\_\_\_\_ (Firm's name) hereby verifies that all Statements made herein are true and accurate to the best of its knowledge. The Applicant authorizes M. E. Construction Inc. the right to make any and all inquiries necessary for assessing credit and performance history. The applicant hereby indemnifies M.E. Construction, Inc. and its agents, from any liability resulting from their credit and performance survey.

This form must be signed by an Officer or an individual so authorized by an Officer of the firm.

Signature: \_\_\_\_\_ Date / /

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Form Rev 11-1-2014