



MARMER CONSTRUCTION

Subcontractor Pre-Qualification Form

Today's Date (MO/DAY/YEAR): ____/____/____ Person Completing Form: _____

Company Information

Company Name:		Phone:
Physical Address:		City/State/ZIP:
Mailing Address:		City/State/ZIP:
Owner Name:	Email:	Cell:
Estimator Name:	Email:	Cell:
Other Contact:	Email:	Cell:

Structure of Company

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> General or Limited	<input type="checkbox"/> Joint Venture
Date of Establishment: ____/____/____			State Where Established:		
List of states/metro areas in which authorized to do work (please include license # and attach copy if applicable):					
<input type="checkbox"/> FL (License: _____) <input type="checkbox"/> GA (License: _____) <input type="checkbox"/> Other (License: _____)					
<input type="checkbox"/> Federal ID #: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
License Holder Name:				# of Employees (office and field):	

Company Profile: attach W9

Type of Company:			
<input type="checkbox"/> Subcontractor (Furnish & Install)	<input type="checkbox"/> Subcontractor (Install Only)	<input type="checkbox"/> Supplier (Materials Only)	
Construction Division/Trade(s):			
Project Size: (Check all that apply)			
<input type="checkbox"/> \$250,000 or below	<input type="checkbox"/> \$251,000- \$499,000	<input type="checkbox"/> \$500,000 – \$999,999	<input type="checkbox"/> \$1,000,000 or more
Types of Projects: (Check all that apply)			
<input type="checkbox"/> Commercial	<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Industrial
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Geographic Work Areas: (Check all that apply or list states)			
<input type="checkbox"/> North FL	<input type="checkbox"/> Central FL	<input type="checkbox"/> SWFL	<input type="checkbox"/> Other: _____
Certified Minority Business Enterprise Contractor (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified Woman Business Enterprise Contractor (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certified by: _____		Certified by: _____	
Certified Section 3 Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Certified by: _____ attach Section 3 Certification			
Do you have experience with LEED/Green Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your company able to comply with the following project compliance requirements: (Check all that apply):			
<input type="checkbox"/> Davis Bacon	<input type="checkbox"/> E-Verify	<input type="checkbox"/> Jessica Lunsford	<input type="checkbox"/> Sales and Use Tax Refund

Bonding: attach Bonding/Surety Letter

Bonding Company:	
A.M. Best Rating of Bonding Company:	Phone:
Bonding Capacity Single Job: \$	Bonding Capacity Aggregate: \$

Insurance: attach Certificate of Insurance Samples

Insurance Company:		Phone:
General Liability Limits:	Each Occurrence: \$	Aggregate: \$
Workers Compensation Limit:	\$	
Automobile Liability per Accident:	\$	

Safety

Does your company have a Safety Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your company practice Toolbox Talks? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supplier References: please list (3) Supplier references with whom you have worked for in the last year

1. Company:		Phone:	
Address:		City/State/ZIP:	
Contact Name:	Email:	Cell:	
2. Company:		Phone:	
Address:		City/State/ZIP:	
Contact Name:	Email:	Cell:	
3. Company:		Phone:	
Address:		City/State/ZIP:	
Contact Name:	Email:	Cell:	

Contractor References: please list (3) Contractor references with whom you have worked for in the last year

1. Company:		Phone:	
Address:		City/State/ZIP:	
Contact Name:	Email:	Cell:	
2. Company:		Phone:	
Address:		City/State/ZIP:	
Contact Name:	Email:	Cell:	
3. Company:		Phone:	
Address:		City/State/ZIP:	
Contact Name:	Email:	Cell:	

Recent Major Projects: please list recent major construction projects completed or in progress; or attach list

1. Name of Project:		Owner/Client:	
Project Address:		City/State/ZIP:	
General Contractor:	Contact Name:	Cell:	
Description of Work:	Contract Value:	Completion Date:	
2. Name of Project:		Owner/Client:	
Project Address:		City/State/ZIP:	
General Contractor:	Contact Name:	Cell:	
Description of Work:	Contract Value:	Completion Date:	
3. Name of Project:		Owner/Client:	
Project Address:		City/State/ZIP:	
General Contractor:	Contact Name:	Cell:	
Description of Work:	Contract Value:	Completion Date:	