

Southland Contracting, Inc.
1430 East Piedmont Drive, Suite 100
Tallahassee, Florida 32308
Phone: (850) 562-8278
Fax: (850) 562-5472

Builder Qualification Form

Project: _____

COMPANY NAME:	Date: _____
P.O. Address:	City: _____
Street Address:	State: _____ Zip: _____
Contact Person:	Tel: _____ Fax: _____

COMPANY PROFILE

Type of work performed:		Trades usually self performed:	
Years in business under present name:		% work performed by own forces:	%
Years performing work specialty:		Value of work now under contract:	\$
Average annual value of work completed during the past 3 years:		Value of work in place last year:	\$
Union Affiliations:	Local <input type="checkbox"/> National <input type="checkbox"/>	Contract expiration dates:	Do you accept Site Labor Agreements? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in compliance with EEO requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is firm a minority business enterprise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In-house fabrication floor area?	SF	Approximate value of equipment owned by firm?	\$
Total number of permanent staff employed includes the following:			
Management	Project Managers	Superintendents	Unskilled Labor
Engineer/Arch.	Project Engineers	Foreman	Other
Draftsmen	Estimators	Skilled Craftsmen	

BONDING

INSURANCE

Bonding Agency:	Bonding Surety Co:	Insurance Agency:	Insurance Company:
Agent's Name:	Tel:	Agent's Name:	Tel:
Total Bonding Capacity (Aggregate):		Workman's Compensation Modifier for the past three (3) years:	
Value of Work Presently Bonded:			
Single Project Bonding Limit:			

SAFETY

Have you had any OSHA fines within the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had jobsite fatalities within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If answer to either is Yes, you must submit on a separate sheet the details describing the circumstances surrounding each incident.		

BANK AND CREDIT REFERENCES

Bank Name:	Bank Address:	Contact Person	Tel:
Is Company rated with Dun & Bradstreet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what is D & B rating?	
Has your company:	(1) Failed to complete a Contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	(2) Been involved in bankruptcy or reorganization? Yes <input type="checkbox"/> No <input type="checkbox"/>	(3) Are there any pending judgments, claims or suits against the Company? Yes <input type="checkbox"/> No <input type="checkbox"/>

If answer to any of the three preceding questions is Yes, submit detailed explanation on separate sheet.

FINANCIAL STATEMENT

Please submit a Financial Statement for the Company. A current Certified Financial Statement is preferred. The Financial Statement should contain reasonably current data, and reflect the general current financial condition of the Company.

1. Date of Financial Statement or Balance Sheets:
2. Name of Firm preparing Statements:

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REFERENCES:

LIST THREE (3) GENERAL CONTRACTORS YOUR COMPANY HAS WORKED FOR WITHIN THE PAST TWO (2) YEARS

(1) GC's Name:		GC's Address:		Contact Person:		Tel:	
(2) GC's Name:		GC's Address:		Contact Person:		Tel:	
(3) GC's Name:		GC's Address:		Contact Person:		Tel:	

LIST FOUR (4) MOST SIGNIFICANT PROJECTS COMPLETED WITHIN THE PAST FIVE (5) YEARS

Project No. 1:		Address:		Contract Amount:		Date Completed:	
Architect's Name:		Contact Person:		Tel:			
Contracting Agency:		Contact Person:		Tel:			
Project No. 2:		Address:		Contract Amount:		Date Completed:	
Architect's Name:		Contact Person:		Tel:			
Contracting Agency:		Contact Person:		Tel:			
Project No. 3:		Address:		Contract Amount:		Date Completed:	
Architect's Name:		Contact Person:		Tel:			
Contracting Agency:		Contact Person:		Tel:			
Project No. 4:		Address:		Contract Amount:		Date Completed:	
Architect's Name:		Contact Person:		Tel:			
Contracting Agency:		Contact Person:		Tel:			

LIST THREE (3) MOST SIGNIFICANT PROJECTS (OTHER THAN THOSE ABOVE) CURRENTLY UNDER CONSTRUCTION

Project No. 1:		Address:		Contract Amount:		Date Completed:	
Architect's Name:		Contact Person:		Tel:			
Contracting Agency:		Contact Person:		Tel:			
Project No. 2:		Address:		Contract Amount:		Date Completed:	
Architect's Name:		Contact Person:		Tel:			
Contracting Agency:		Contact Person:		Tel:			
Project No. 3:		Address:		Contract Amount:		Date Completed:	
Architect's Name:		Contact Person:		Tel:			
Contracting Agency:		Contact Person:		Tel:			

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LIST TWO (2) MAJOR SUPPLIERS

Supplier No. 1		Supplier Address:		Contact Person:		Tel:	
Supplier No. 2		Supplier Address:		Contact Person:		Tel:	

LIST ALL JOBS WORKING WITH SOUTHLAND CONTRACTING

Project No. 1:		Address:		Contract Amount:		Date Completed:	
Southland Project Manager:			Your Project Manager:		Tel:		
Project No. 2:		Address:		Contract Amount:		Date Completed:	
Southland Project Manager:			Your Project Manager:		Tel:		

EXPERIENCE

Does your Company have experience with any of the following facilities?

- | | | | | | | | | | |
|-------------|-----|--------------------------|----|--------------------------|----------------|-----|--------------------------|----|--------------------------|
| Educational | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Correctional | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Medical | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Sports | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Renovation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Multi-Story 5+ | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Have you worked in occupied facilities? Please give details:

PROJECT PERSONNEL

Please indicate names of proposed Project Manager and Project Superintendent for this project:

Project Manager: _____ Project Superintendent: _____

Submit resumes with names, project experience and business references of personnel who will be directly responsible for project delivery:

- (a) Corporate responsibility with project names and references.
- (b) Field responsibility with project names and references for both Project Manager and Project Superintendent.

You may submit alternate names for (a) and (b). The names of the above personnel may become part of the contract documents.

CONTRACTOR LICENSING

Contractor's Licensing No.		State:	
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I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Print Name: _____

Title: _____

Type of Firm

- Corporation
- Partnership
- Sole Proprietor