



RE: _____

DATE: _____

TRADE CONTRACTOR PRE-QUALIFICATION FORM

ABSOLUTELY ALL BIDDERS MUST COMPLETE ITEMS A, B, C AND SIGN THIS FORM

Qualifying Firm's Name: _____ **Scope:** _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

BONDING CAPACITY:

Bonding limit per project: _____ Aggregate capacity: _____

Value of work currently bonded: _____

Bonding Surety Company: _____

Agent: _____ Phone Number: _____

Insurance Company (attach certificate of insurance for all coverages): _____

Agent: _____ Phone Number: _____

Yes No Have you completed this form in the past 6 months.

Yes No Have you been under contract with CBI and had no changes to ownership, location or financial status in the past 90 days.

STOP HERE, SIGN PG. 2 AND SUBMIT IF YOU ANSWERED YES TO EITHER QUESTION, IF NOT, CONTINUE TO ITEMS D THRU I

CURRENT CONTRACTS: REQUIRED ATTACHMENT

Attach, on a separate sheet, a list of the following information for all work currently under contract (whether started or not): Project title, location, contract amount, contract status (percentage of completion), scheduled completion date, owner's representative and phone number, general contractor name and phone number.

RELATED EXPERIENCE: REQUIRED ATTACHMENT

Attach a separate sheet: List at least three projects of similar size and duration your firm has completed during the last seven years. Additionally, list all projects that were performed on a university or school campus on an occupied facility. Include the following information for each: project title; project size; type of system; and owner contact person & phone number. List general contractor name and phone number.

REFERENCES: REQUIRED ATTACHMENT THREE REFERENCES FROM EACH

① Major Material Supplier AND ② Commercial General Contractor include company's name & contact person, address, phone & fax numbers and email address.

HISTORY OF FIRM: ATTACH IF APPLICABLE

Year established/Incorporated: _____ Corporate Charter No (attach status certif.) _____

Florida Contractor Lic. No (attach copy).: _____ Primary Business: _____

FINANCIAL INFORMATION SUMMARY:

Name of Bank: _____

Address: _____

Contact: _____ Phone Number: _____

OTHER INFORMATION: ATTACH IF APPLICABLE

Is this firm a certified W/MBE? yes / no If yes, attach copy of W/MBE certificate(s).

Has this firm been cited by OSHA in the last three years? yes / no If yes, attach details.

Has this firm failed to complete a contract? yes / no If yes, attach details.

Has this firm been involved in bankruptcy or reorganization? yes / no If yes, how long ago? _____

Does this firm have any pending judgments, claims, or suits? yes / no If yes, attach details.



RE: _____

DATE: _____

TRADE CONTRACTOR PRE-QUALIFICATION FORM

CHECK LIST:

THE FOLLOWING ATTACHMENTS ARE REQUIRED FROM EVERY APPLICANT:

- ✓ Information sheet on all current contracts
- ✓ Certificates of Insurance for General Liability, Auto and Worker’s Compensation
- ✓ Experience sheets for at least 3 previous projects
- ✓ Reference sheets for 3 Major Material Suppliers
- ✓ Reference sheets for 3 General Contractors

COPIES OF THE FOLLOWING, IF APPLICABLE:

- ✓ Corporate Charter (includes LLC) Certificate of Status
- ✓ Contractor’s Licenses (all states)
- ✓ W/MBE Certification
- ✓ Other Certification

I hereby certify that the forgoing information is, to the best of my knowledge, true and complete.

Signature: _____

Date: _____

Name: _____

Title: _____

(PRINT NAME: Must be owner/officer/principal of firm)

**RETURN THIS FORM AND ANY REQUIRED ATTACHMENTS
VIA EMAIL: info@cookbrothersinc.com OR FAX: (850) 514-1007**