



SUBCONTRACTOR'S PREQUALIFICATION FORM

COMPANY INFORMATION

Legal Company Name _____

Address _____ City _____ State _____ Zip Code _____

P.O. Box # _____ City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

If a Corporation, provide the following:

Date of Incorporation _____ State of Incorporation _____

President's Name _____ Vice President's Name _____

Secretary's Name _____ Treasurer's Name _____

In an Individual or Partnership, provide the following:

Date of Organization _____

Name and address of all Principles _____

CONTACT INFORMATION

Name of Contact _____

Title _____ Direct Phone No./Mobile No. _____

COMPANY'S AREA OF OPERATION

Orange County Seminole County Osceola County Lake County Others _____

TRADE INFORMATION

Trade (s) Performed? (Please indicate the CSI No. & Description). _____

TYPE OF CONSTRUCTION

Core & Shell Tenant Improvement Educational Retail Government
Offices Industrial Medical Other _____

REFERENCES (Company, Contact, Address, Phone Number)

List of Trade References (must provide three)

1. _____

2. _____

3. _____

BANK REFERENCE

1. _____

BONDING INFORMATION

Bonding Limit Per Project \$ _____ Ins. Company's Name _____

Max. Bonding Capacity \$ _____ Ins. Company's Name _____

TRADE AFFILIATION

Union Non-Union Minority Group: WBE MBE SBA
Certified by _____ Attach a copy of the certificate(s) with this form, if applicable.

WORK INFORMATION

How long have you been in business? _____

Have you ever failed to complete any work awarded to you? _____ If yes, please not When, Project Name, and Why:
(Use additional pages if additional space is needed). _____

List the types of work your own work force(s) perform. _____

What is the maximum contract amount your company can handle per project? \$ _____
Annual Sales \$ _____

Have you been awarded an Interstruct, Inc. project? _____ If yes, list the Project(s) below.

Date Completed	Project Name	Contract Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

On a separate sheet of paper list the other major Construction Projects your company has completed and been awarded in the past year, from the latest to the earliest – give the Project Name, General Contractor, Contract Amount, and the Type of Construction (Core & Shell, T.I., Educational, Retail, Government, Office, Industrial, Medical).

Provide a certificate of insurance evidencing adequate coverage is in place.

The above qualification information is to be submitted to Interstruct, Inc. for its records and information for the sole purpose of evaluating a subcontractor's qualifications and ability to perform contract work. Interstruct, Inc. will hold this information in strict confidence.

Date Prepared: _____

Prepared by: _____

Title: _____