



# Subcontractor / Vendor Qualification Form

Prequalification Form will NOT be accepted unless completed in its entirety.

## BUSINESS SECTION *(please print or type)*

Legal Business Name		Date:		
		Project, if applicable:		
		Type of Company <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Both		
Address #1 (Street Address)		Address #2 (Mailing Address)		
City	State	Zip	City    State    Zip	
Estimating Contact	Contact's Title	Yrs in Business (Current Name)	Dunn & Bradstreet #	Fed. Tax ID #
Telephone Number	Toll Free Number	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <input type="checkbox"/> Partnership		Self Performance of work <input type="checkbox"/> Yes <input type="checkbox"/> No % self performed:
Fax Number	Cellular Phone Number			
Contact Email Address	Company Website Address	Is company a Small Business Concern? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Type: <input type="checkbox"/> SDB <input type="checkbox"/> WOSB <input type="checkbox"/> VOSB <input type="checkbox"/> SDVOSB <input type="checkbox"/> HUBZone		
Design-Build Capabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, had any bankruptcies or reorganizations? (If yes, explain on a separate sheet and attach to this form) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is engineering staff: <input type="checkbox"/> Internal <input type="checkbox"/> External				

## SAFETY SECTION

List your Experience Modification Rate (EMR) for the last three years:		Number of OSHA Recordable incidents over the prior 3 years:
Year	Rate	
_____	_____	
_____	_____	
_____	_____	( Data available at <a href="http://www.osha.com">www.osha.com</a> )
Do you have a written Safety Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all employees trained in safety requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your company have a written policy against drugs and alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your company screen for drugs prior to employment, random, post accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Company Safety Director or other Safety Professionals on Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Contact Name: _____ Phone: _____		

## QUALITY CONTROL SECTION

Does your company have a written Quality Control Manual or Quality Control Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have an environmental protection program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, are they available for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PROJECT INFORMATION SECTION**

List data for three most recent completed fiscal years

Year 1	Max. Contract Value Completed	Annual Company Revenue	Current Yr Company Workload
	\$	\$	\$
Year 2	Max. Contract Value Completed	Annual Company Revenue	Current Yr Company Backlog
	\$	\$	\$
Year 3	Max. Contract Value Completed	Annual Company Revenue	
	\$	\$	

Speegle Construction is actively soliciting work in the following geographical areas. Please indicate if your company works in any of these areas. List license numbers of jurisdictions in which your company is legally qualified to work.  
*If only a portion of an area, please describe. (List additional on separate sheet.)*

State	State	State	License Number / Expiration (please provide for each license checked)
<input type="checkbox"/> FL	<input type="checkbox"/> NC	<input type="checkbox"/> TX	_____
<input type="checkbox"/> GA	<input type="checkbox"/> SC	<input type="checkbox"/> NM	_____
<input type="checkbox"/> AL	<input type="checkbox"/> KY	<input type="checkbox"/> _____	_____
<input type="checkbox"/> MS	<input type="checkbox"/> TN	<input type="checkbox"/> _____	_____

Please indicate the dollar size range of projects your company prefers to perform. Use the area below to list the types of projects for which your company typically performs work or in which it specializes.

- less than \$500,000     
  \$500,000 - \$1,000,000     
  more than \$1,000,000

**INSURANCE AND BONDING SECTION**

Do you currently carry, or can you obtain the following insurance coverage?

*If "no" is answered to any of these limits, please use the line beside it to indicate the amount of coverage you have or can obtain.*

Worker's Compensation Statutory Maximum at Project Site Location		<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
General Aggregate - Per Project	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Products & Completed Operations Aggregate	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Each Occurance	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Personal / Advertising Injury	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Fire Damage	\$100,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Medical Payments	\$10,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Comp. Auto Liability (combined single limit)	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Comp. Auto Liability (Bodily Injury - each person)	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Comp. Auto Liability (Bodily Injury - annual aggregate)	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Comp. Auto Liability (Property Damage - each occurrence)	\$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Umbrella Liability/Excess Liability	\$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Insurance Company	Insurance Agent		Insurance Agent Telephone
Bonding Company	Bonding Company Contact		Bonding Contact Telephone
Current Available Bonding Capacity	Bond Rate	Bonding Capacity per Contract	Total Bonding Capacity
\$	%	\$	\$

**REFERENCE SECTION**

**Project References (within last three years)**

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

Briefly Describe Work Performed By Your Firm:

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

Briefly Describe Work Performed By Your Firm:

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

Briefly Describe Work Performed By Your Firm:

<b>Project Name</b>	Project Location (City, State)	Completion Date (MM / YY)
Your Firm's Approximate Contract Amount	Project General Contractor	General Contractor Contact & Telephone Number

Briefly Describe Work Performed By Your Firm:

**Major Supplier References (list three current supplier references)**

<b>Company Name</b>	Address	
Contact	Phone	

<b>Company Name</b>	Address	
Contact	Phone	

<b>Company Name</b>	Address	
Contact	Phone	

**Bank References (list three financial references)**

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Financial Institution</b>	Address	
Contact	Phone	Established Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SCOPES OF WORK SECTION** (Scopes of work that your company performs. Check all that apply.)

**1000 GENERAL CONDITIONS**

- 1231 Geotechnical Investigation
- 1353 Progress/Aerial Photos
- 1410 Material Testing
- 1544 Clean-Up
- 1544 Final Clean-up
- 1550 Temporary Labor
- 1553 Construction Fence
- 1554 Security Service
- 1557 Scaffolding
- 1623 Crane Rental
- 1900 Layout/Surveying
- 1999 Other \_\_\_\_\_

**2000 SITEWORK**

- 2020 Dewatering
- 2100 Demolition
- 2130 Hazardous Material Abatement
- 2250 Shoring
- 2300 Earthwork S/C
- 2341 Soil Treatment (Termite)
- 2410 Piles/Caissons
- 2500 Site Utilities (water, sewer, storm)
- 2550 Fuel System S/C
- 2660 Supply Wells
- 2700 Disposal Wells
- 2710 Asphalt Paving S/C
- 2720 Concrete Paving S/C
- 2730 Curb and Gutter
- 2760 Trenchless Technologies
- 2800 Site Hardscape S/C
- 2820 Fencing & Gates
- 2830 Retaining Walls
- 2840 Guardrails & Bumpers
- 2853 Playground Equipment
- 2854 Fountains
- 2860 Marine Construction
- 2870 Railroad Construction S/C
- 2890 Traffic Signals
- 2901 Landscape & Irrigation S/C
- 2950 MOT (Maintenance of Traffic)
- 2999 Other \_\_\_\_\_

**3000 CONCRETE**

- 3050 Fine Grading S/C
- 3100 Concrete Formwork S/C
- 3200 Reinforcing Steel-Installed
- 3210 Reinforcing Steel-Furnished
- 3300 Cast-in-Place Concrete S/C
- 3310 Concrete Materials
- 3315 Concrete Pumping
- 3330 Place & Finish
- 3370 Tilt-Up S/C
- 3410 Structural Precast Concrete
- 3420 Post Tension S/C

**3000 CONCRETE cont.**

- 3450 Architectural Precast Concrete
- 3700 Concrete Accessories
- 3770 Tilt-up Accessories
- 3830 Concrete Cutting
- 3840 Concrete Repair & Restoration
- 3999 Other \_\_\_\_\_

**4000 MASONRY**

- 4010 Masonry S/C
- 4100 Masonry Materials
- 4400 Stone Masonry
- 4900 Masonry Restoration & Cleaning
- 4999 Other \_\_\_\_\_

**5000 METALS**

- 5120 Structural Steel Supply
- 5170 Structural Steel Erection
- 5210 Steel Joist/Supply
- 5300 Metal Deck Supply
- 5500 Misc. Metals Fabrication
- 5510 Metal Stairs & Handrails
- 5700 Ornamental Metals
- 5800 Expansion Control Assemblies
- 5999 Other \_\_\_\_\_

**6000 WOOD & PLASTIC**

- 6100 Rough Carpentry Material
- 6110 Framing S/C
- 6130 Heavy Timber Framing
- 6150 Wood Decking/Paneling
- 6190 Wood Trusses
- 6200 Finish Carpentry
- 6400 Architectural Casework
- 6610 FRP
- 6999 Other \_\_\_\_\_

**7000 THERMAL & MOIST. PROTECTION**

- 7100 Waterproofing & Sealants
- 7210 Building Insulation
- 7240 Ext. Insul. & Finish Systems (EIFS)
- 7310 Shingle/Tile Roofing
- 7410 Metal Roof & Wall Panels
- 7415 Insulated Metal Panels
- 7460 Siding & Soffits
- 7500 Membrane Roofing
- 7600 Flashing, Sheet Metal & Accessories
- 7700 Roof Specialties
- 7810 Fireproofing
- 7900 Joint Sealers
- 7999 Other \_\_\_\_\_

**8000 DOORS & WINDOWS**

- 8010 Doors, Frames & Hardware

**8000 DOORS & WINDOWS cont.**

- 8111 Doors & Hdw. Installer Only
- 8360 Overhead Doors
- 8400 Storefronts
- 8460 Automatic Entrance Doors
- 8500 Windows
- 8521 Sliding Glass Doors
- 8600 Skylights
- 8800 Glass & Glazing S/C
- 8900 Glazed Curtain Walls
- 8950 Translucent Roof & Walls
- 8999 Other \_\_\_\_\_

**9000 FINISHES**

- 9220 Plaster/Stucco
- 9250 Drywall S/C
- 9300 Tile
- 9400 Terrazzo
- 9500 Acoustical Ceilings
- 9600 Resilient Flooring/Carpet
- 9640 Wood Flooring
- 9670 Fluid Applied Flooring
- 9675 Stone Flooring
- 9840 Acoustical Wall Treatment
- 9900 Painting/Wall Covering
- 9960 Special Coatings
- 9999 Other \_\_\_\_\_

**10000 SPECIALTIES**

- 10100 Visual Display Boards
- 10160 Toilet Partitions & Accessories
- 10190 Cubicle Curtains
- 10200 Louvers & Vents
- 10260 Wall & Corner Guards
- 10270 Access Flooring
- 10300 Fireplaces & Stoves
- 10340 Manufactured Exterior Spec.
- 10350 Flagpoles
- 10400 Identification Devices/Signage
- 10500 Lockers & Benches
- 10520 Fire Extinguishers & Cabinets
- 10530 Prot. Covers/Awnings/Canopies
- 10550 Postal Specialties
- 10610 Wire Mesh/Chain Link Partitions
- 10620 Demountable Partitions
- 10650 Oper. Partitions/Accordian Wall
- 10670 Storage Shelving
- 10750 Telephone Specialties
- 10825 Shower & Tub Doors
- 10999 Other \_\_\_\_\_

**11000 EQUIPMENT**

- 11030 Bank Equipment
- 11040 Ecclesiastical Equipment
- 11050 Library Equipment
- 11060 Theatre & Stage Equipment

**SCOPES OF WORK SECTION cont.**

**11000 EQUIPMENT cont.**

- 11110 Commercial Laundry Equipment
- 11130 Audio-Visual Equipment
- 11140 Vehicle Service Equipment
- 11150 Parking Control Equipment
- 11170 Solid Waste Handling Equipment
- 11190 Detention Equipment
- 11200 Water Supply & Treatment Equip.
- 11400 Food Service Equipment
- 11450 Residential Equipment
- 11470 Darkroom Equipment
- 11480 Athletic & Recreation Equipment
- 11500 Industrial & Process Equipment
- 11600 Laboratory Equipment
- 11700 Medical Equipment
- 11800 Variable Message Signs
- 11999 Other \_\_\_\_\_

**12000 FURNISHINGS**

- 12300 Manufactured Casework
- 12350 Grilles, Mats & Frames
- 12400 Window Treatment
- 12500 Furniture

**12000 FURNISHINGS cont.**

- 12700 Systems Furniture
- 12999 Other \_\_\_\_\_

**13000 SPECIAL CONSTRUCTION**

- 13030 Special Purpose Rooms
- 13080 Sound, Vibration, & Seismic Cont.
- 13100 Lighting Protection
- 13120 Pre-Engineered Metal Buildings
- 13121 Metal Building Erector
- 13150 Swimming Pools
- 13200 Storage Tanks
- 13300 Cold Storage Rooms
- 13700 Security Access & Surveillance
- 13800 Fire Alarm System
- 13900 Fire Suppression/Protection
- 13999 Other \_\_\_\_\_

**14000 CONVEYING SYSTEMS**

- 14200 Elevators & Lifts
- 14300 Escalators & Moving Walks
- 14500 Material Handling
- 14580 Pneumatic Tube System
- 14600 Hoists & Cranes
- 14999 Other \_\_\_\_\_

**15000 MECHANICAL**

- 15100 HVAC S/C
- 15180 HVAC Instrumentation/Controls
- 15181 Process Instrumentation Controls
- 15190 Test, Balance & Adjust
- 15200 Plumbing S/C
- 15300 Refrigeration
- 15999 Other \_\_\_\_\_

**16000 ELECTRICAL**

- 16050 Electrical S/C
- 16231 Generators
- 16400 Switchboards/Panel Boards
- 16500 Lighting Supplier
- 16700 Communications
- 16800 Sound & Video
- 16900 Technologies
- 16910 Instrumentation & Control
- 16999 Other \_\_\_\_\_

**17000 SECURITY**

- 17000 Security & Alarms
- 17999 Other \_\_\_\_\_

**CONFIDENTIALITY NOTE:** The information supplied by the undersigned in this document is intended only for the use of Speegle Construction, Inc.

*The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.*

**Information Supplied By:**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**Return completed form to: Speegle Construction, Inc.  
 210 Government Avenue  
 Niceville, FL 32578  
 OR  
 Fax (850) 729-1993  
 OR  
 email to: estimating @ speegleconstruction.com**