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BIDDER QUALIFICATIONS

FIRM NAME: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Contact for Inquires: _____
 Email Address: _____
Scope of Work/Division(s): _____

BONDING:
 Surety Company: _____
 Agent Company: _____
 Agent Contact: _____ Phone: _____
 Total Bonding Capacity: \$ _____
 Value of Work presently bonded: \$ _____

INSURANCE:
 Insurance Company: _____
 Agent Company: _____
 Agent Contact: _____ Phone: _____
 Workman's compensation Modifier for the past three (3) years _____

SAFETY:
 Have you had any OSHA fines within the last 3 years? Yes No
 Have you had jobsite fatalities within the last 5 years? Yes No
 If you have answered Yes to either of the above two questions, you MUST submit on a separate sheet the details describing the circumstances surrounding each incident.

Years in business under present name: _____
 Years performing work specialty: _____
 Value of work now under contract: \$ _____
 Value of work in place last year: \$ _____
 Average annual value of work completed (last 3 years) \$ _____
 Trades usually self performed: _____
 % of work performed by own forces: _____
 Union affiliations: Local exp date: _____ National exp date: _____
 Do you accept Site Labor Agreements? Yes No

Total number of permanent staff employed includes the following:

Management	_____	Superintendents	_____
Engineers/Arch.	_____	Foremen	_____
Draftsmen	_____	Skilled Craftsmen	_____
Project Managers	_____	Unskilled Labor	_____
Project Engineers	_____	Other	_____
Estimators	_____		

Is firm in compliance with EEO requirements? Yes No

In-house engineering or fabrication capability: _____

Fabrication floor area: _____ SF

Approximate value of equipment owned by firm: \$ _____

LIST THREE (3) GENERAL CONTRACTORS, WITH CONTACT, PHONE NUMBER AND ADDRESS, FOR WHOM FIRM HAS WORKED WITHIN THE PAST TWO (2) YEARS

Reference #1:

Company Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____ Email: _____

Reference #2:

Company Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____ Email: _____

Reference #3:

Company Name: _____
Address: _____
Contact: _____
Phone: _____ Fax: _____ Email: _____

LIST FOUR (4) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS:

Project #1:

Project Name: _____
Address: _____
Architect Name: _____ Phone: _____
Contact: _____
Contracting Agency: _____
Contact: _____ Phone: _____
Contract Amount: \$ _____ Date Completed: _____

**(4) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS:
(Continued)**

Project #2:

Project Name: _____
Address: _____
Architect Name: _____ Phone: _____
Contact: _____
Contracting Agency: _____
Contact: _____ Phone: _____
Contract Amount: \$ _____ Date Completed: _____

Project #3:

Project Name: _____
Address: _____
Architect Name: _____ Phone: _____
Contact: _____
Contracting Agency: _____
Contact: _____ Phone: _____
Contract Amount: \$ _____ Date Completed: _____

Project #4:

Project Name: _____
Address: _____
Architect Name: _____ Phone: _____
Contact: _____
Contracting Agency: _____
Contact: _____ Phone: _____
Contract Amount: \$ _____ Date Completed: _____

LIST THREE (3) MOST SIGNIFICANT PROJECTS, OTHER THAN LISTED ABOVE, PRESENTLY UNDER CONSTRUCTION:

Project #1:

Project Name: _____
Address: _____
Architect Name: _____ Phone: _____
Contact: _____
Contracting Agency: _____
Contact: _____ Phone: _____
Contract Amount: \$ _____ Date Completed: _____

Project #2:

Project Name: _____
Address: _____
Architect Name: _____ Phone: _____
Contact: _____
Contracting Agency: _____
Contact: _____ Phone: _____
Contract Amount: \$ _____ Date Completed: _____

**THREE (3) MOST SIGNIFICANT PROJECTS, OTHER THAN LISTED ABOVE, PRESENTLY UNDER
CONSTRUCTION:
(Continued)**

Project #3:

Project Name: _____
Address: _____
Architect Name: _____ Phone: _____
Contact: _____
Contracting Agency: _____
Contact: _____ Phone: _____
Contract Amount: \$ _____ Date Completed: _____

BANK REFERENCES, CREDIT REFERENCES:

Bank Name: _____
Address: _____
Contact: _____

Currently rated with Dun & Bradstreet? Yes No
If yes, what is your D&B rating? _____

Check off all that applies:

Failed to complete a contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been involved in bankruptcy or reorganization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pending judgment claims or suits against firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(If answer to preceding is yes, submit details on separate sheet.)

PROJECT PERSONNEL:

Submit names, project experience and business references of personnel who will be directly responsible for project delivery: (May submit alternate names for a. and b.)

- a. Corporate responsibility with project names and references.
- b. Field responsibility with project names and references.

If contractor is successful Bidder, the name of the above personnel may become a part of the contract documents.

FINANCIAL STATEMENT:

Please submit the most recent certified/reviewed financial statement for this company.

Date of Statement or balance sheets: _____
Firm preparing statement: _____

CONTRACTOR LICENSING:

Contractor Licensing Number _____ State: _____

TYPE OF WORK PERFORMED:

Division: _____ Discipline: _____

Eligibility to submit a proposal

Hold a currently active Florida Corporation Charter Number in accordance with Chapter 607, Florida Statute, if a Corporation Yes No

Presently disqualified through disqualification procedures described in Chapter 6C-14-022, Florida Administration Code Yes No

Been convicted of a public entity-crime within the last six (6) months Yes No

Does this contractor now have, or has had any time in the past, any objection to working with The A.D. Morgan Corporation personnel, systems or contract documents? Yes No

Are you W/MBE? Are you DBE? Are you VBE? Are you 8(a)? N/A

Certified by: _____
(Please attach certification)

I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____
(Officer of the Firm)

- Type of Firm
 Corporation
 Partnership
 Sole Proprietor

Name: _____
Title: _____