

## **MEMORANDUM**

## Subcontractor Qualification Form

Thank you for your interest in Bollenback Builders, Inc. Attached is our standard Subcontractor Qualification Form. Please take a moment to fill out the attached form in its entirety and send back to my attention at <a href="heather@bollenbackbuilders.com">heather@bollenbackbuilders.com</a> or by fax 813-855-3475. Also please make sure to include a copy of your insurance, applicable license, and W-9. If you have any questions or concerns, please do not hesitate to contact me at 813-855-2656. We look forward to doing business with you.

Thank you, Heather Hamblin Bollenback Builders, Inc.

160 Scarlet Blvd. Oldsmar, FL 34677-0140 Telephone: (813) 855-2656 Fax: (813) 855-3475



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Add to Sublist Division

Approved: \_\_\_\_\_ Not Approved: \_

DATE

## **SUBCONTRACTOR QUALIFICATION FORM**

ALL FIELDS MUST BE COMPLETED

COMPANY NAME										
TYPE OF WORK/SPECIALTY										
COMPANY ADDRESS										
COMPANY PHONE NUM	IBER _									
COMPANY EMAIL ADDRESS AND/OR WEBSITE										
CONTRACTORS LICENS	SES NUMBER	₹		TAX NUMBER_						
TYPE OF COMPANY SOLE PROPRIE	TORSHIP		CORPORATION		PARTNERSHIP					
NAMES AND TITLE OF KEY PERSONNEL										
DOES YOUR COMPANY HAVE A CURRENT AND ACTIVE WRITTEN SAFETY PROGRAM? (Y/N)										
WHAT IS YOUR COMPANIES EXPERIENCE MODIFICATION RATING (EMR)?										
GEOGRAPHIC AREAS OF INTEREST BY COUNTY										
PREFERRED PROJECT	SIZE									
YEARS IN OPERATION		# OF EMPLO	YEES IN OFFICE		IN FIELD					
% OF WORK PERFORM	IED BY OWN	FORCES								
VALUE OF WORK: UNDER CONTRACT			COI	MPLETED LAST	YEAR					
AVERAGE ANNUAL SAL	ES LAST (3)	YEARS								
VALUE OF WORK PRES	SENTLY BON	DED								
TOTAL AGGREGATE BO	ONDING CAP	ACITY		PER JOB						
BONDING SURETY FIRM	м			PHONE						
BONDING RATE										
INSURANCE REQUIREM		Excess Liability: \$1,000,000; General Liability: Bodily Injury Liability \$500,000, Property Damage \$100,000; Automotive Liability:Bodily Injury \$250,000 Each Person, \$500,000 Each Accident; Property Damage Liability: \$100,000 Each Accident; Worker's Comp Employee Liability: \$100,000.								
HAS FIRM:	S FIRM:  EVER FAILED TO COMPLETE A CONTRACT (YES/NO)  BEEN INVOLVED IN BANKRUPTCY OR REORGANIZATION? (YES/NO)  HAD ANY PENDING JUDGEMENTS, CLAIMS OR SUITS? (YES/NO)									
IF YES, PLEASE EXPLA	IN _									
HOW DID YOU HEAR ABOUT US										

\*\*\* PLEASE ATTACH (3) CURRENT AND (3) PAST REFERENCES\*\*\*

160 Scarlet Blvd. · Oldsmar, FL 34677 (813) 855-2656 · Fax (813) 855-3475 www.bollenbackbuilders.com