



## SUBCONTRACTOR PRE-QUALIFICATION PROFILE (2003)

Firm Name	_____	Website	_____
Firm Contact	_____	E-Mail	_____
Address	_____	Phone	_____
City, State, Zip	_____	Fax	_____

### HISTORY OF FIRM

Year Established/Incorporated	_____	Other State License #	_____
Corporate Charter #	_____	Business Trade #1	_____
FL Contractor License #	_____	Business Trade #2	_____

### PERMANENT PERSONNEL

Senior Managers	_____	Administrative	_____
Project Managers	_____	Technical	_____
Superintendents	_____	Trades	_____
	_____	Other	_____
Total Employees	_____		_____

### CURRENT CONTRACTS

(Please attach a separate list including the following information for all **work currently under contract**, started or not.)

Started Yet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Scheduled Completion Date	_____
Project Title	_____		Contract Amount	_____
Location	_____		% Complete	_____
Owner's Representative	_____		Phone	_____
General Contractor	_____		Phone	_____

### FINANCIAL HISTORY SUMMARY

Total Dollar Value of Work Completed During the Last Three Years	Year #1	_____
	Year #2	_____
	Year #3	_____

### BANKING INFORMATION

Bank Name	_____	Contact	_____
Address	_____	Phone	_____
City, State, Zip	_____	Fax	_____

LLT BUILDING CORPORATION  
 402 West College Avenue, Tallahassee, Florida 32301  
 Voice 850.222.5062 ~ [www.lltblgd.com](http://www.lltblgd.com) ~ Fax 850.222.6962



**BONDING CAPACITY**

Limit Per Project _____	Aggregate Capacity _____
Value of Work Currently Bonded _____	
Bonding Surety _____	Agent _____
Address _____	Phone _____
City, State, Zip _____	Fax _____
Insurance Co. _____	Agent _____
Address _____	Phone _____
City, State, Zip _____	Fax _____

**RELATED EXPERIENCE**

Please attach a separate list of **similar projects** that your firm has completed in the last seven years.  
List at least three projects with the following information.

Project Title _____	Project Size _____
Project Type _____	Project Value _____
Owner Name _____	Contractor Name _____
Owner Phone _____	Contractor Phone _____

**OTHER INFORMATION**

Is this firm a State of Florida certified W/MBE? If yes, attach copy of W/MBE certificate.  Yes  No

Does this firm:

A. Have a written safety program?  Yes  No

A. Have any pending judgments, claims, or suits? If yes, attach details.  Yes  No

Has this firm:

A. Been cited by OSHA in the last three years? If yes, attach details.  Yes  No

B. Failed to complete a contract? If yes, attach details.  Yes  No

C. Been involved in bankruptcy or reorganization? If yes, attach details.  Yes  No

**REFERENCES**

Please attach a separate list of **major material supplier references** and **general contractor references**.  
List at least three references each with the following information.

Firm Name _____	E-Mail _____
Address _____	Phone _____
City, State, Zip _____	Fax _____

**SIGNATURE VERIFICATION**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Title \_\_\_\_\_ Date \_\_\_\_\_