



**Bidder / Subcontractor Pre-qualification Form**

Company Name: \_\_\_\_\_ License No: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web/Email: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_ % Work Self-performed \_\_\_\_\_

Years in Business Under Present Name: \_\_\_\_\_ Years Performing Trade: \_\_\_\_\_

Value of Work Presently Under Contract: \_\_\_\_\_ Avg. Volume Past 3 Years: \$ \_\_\_\_\_

Is Firm MBE/WBE and/or SBE? \_\_\_Yes \_\_\_No If Yes, what Classification? \_\_\_\_\_

Surety \_\_\_\_\_

Company: \_\_\_\_\_  
Agent Company: \_\_\_\_\_

Agent \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Value Presently Bonded: \$ \_\_\_\_\_

Your Bonding Capacity: \$ \_\_\_\_\_ Single \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**In What Counties Do You Perform Work?** \_\_\_\_\_

<b>SAFETY:</b>	<b>Year</b>	<b>20</b> _____	<b>20</b> _____	<b>20</b> _____
Worker's Compensation Experiencer Modification Rate for last three (3) years:				

Have you had any OSHA fines within the last three (3) years? \_\_\_Yes \_\_\_No If Yes, attach explanation.

Have you had any jobsite fatalities within the last three (3) years? \_\_\_Yes \_\_\_No If Yes, attach explanation.

**ENCLOSE THE FOLLOWING:**

- List of 3 Trade References with full contact information, including phone and fax numbers.
- List of 3 General Contractor references with full contact info, including phone and fax numbers.
- Recent Financial Statement
- Sample Certificate of Insurance

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

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME & TITLE:** \_\_\_\_\_

Mail or fax your pre-qualification package to: Deb McWilliams, Hennessy Construction Services. All information will remain confidential.

2300 22<sup>nd</sup> Street North St. Petersburg, FL 33713 Phone 727.821.3223 Email:  
[dmcwilliams@hcsfl.com](mailto:dmcwilliams@hcsfl.com) [www.hcsfl.com](http://www.hcsfl.com)