



Subcontractor Pre-Qualification Statement
Hunt / Moss, A Joint Venture

1. SUBMITTED BY:

DATE:

| | |
|---------------------------------|--|
| Name of Firm: | |
| Street Address: | |
| Mailing Address (If different): | |
| Primary Contact: | |
| Telephone: | |
| Fax: | |
| E-mail: | |
| Website: | |

| | |
|--|--------------------------|
| Address of the office that would be responsible for bidding the project: | |
| SAME AS ABOVE: | <input type="checkbox"/> |
| Street Address: | |
| Mailing Address (If different): | |
| Primary Contact: | |
| Telephone: | |
| Fax: | |
| E-mail: | |

2. ORGANIZATION:

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| Business Type: (Choose from dropdown) | Corporation | |
| List the names of the officers of your business and their years of tenure in office: | | |
| CEO: | | |
| President: | | |
| Vice President(s): | | |
| Treasurer: | | |
| State / year of incorporation | | |
| Your firm qualifies as: | <input type="checkbox"/> CSBE | <input type="checkbox"/> SBE |
| Your firm is certified by: | | |
| Federal ID Number: | | |

3. TYPE OF WORK:

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| 3.1 – List jurisdictions and trade categories in which your firm is legally qualified to do business, and indicate registration or license number: |
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| 3.2 – List the categories of work that your firm normally performs with its own forces. |
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| 3.3 – List your company’s Union affiliations, indicate if affiliations are local and / or national, and indicate the contract expiration date. |
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| 3.4 – Indicate the Bid Package(s) that your firm handles: | | | | | |
|---|--|--------------------------|----|---|--------------------------|
| 1 | Site Preparation Plan | <input type="checkbox"/> | 45 | Carpet / Resilient Flooring / Rubber Flooring / Wood Flooring | <input type="checkbox"/> |
| 2 | Drainage Wells | <input type="checkbox"/> | 46 | Stone / Tile | <input type="checkbox"/> |
| 3 | Foundation Package | <input type="checkbox"/> | 47 | Terrazzo/Polished Concrete | <input type="checkbox"/> |
| 4 | NOT USED | <input type="checkbox"/> | 48 | Painting / Wall Covering | <input type="checkbox"/> |
| 5 | Deep Underground Plumbing | <input type="checkbox"/> | 49 | Epoxy Flooring (Sealed Concrete / Epoxy Flooring / Stained Concrete / Acrylic Flooring) | <input type="checkbox"/> |
| 6 | Site Electrical Service (Temporary) | <input type="checkbox"/> | 50 | Specialties - Signage & Graphics | <input type="checkbox"/> |
| 7 | Operable Roof Structural Steel & Roof Mechanization | <input type="checkbox"/> | 51 | Specialties - Metal Lockers | <input type="checkbox"/> |
| 8 | CIP Structural Frame (include precast track beam budget) | <input type="checkbox"/> | 52 | Specialties - Toilet Partitions & Accessories | <input type="checkbox"/> |
| 9 | Precast Stadia | <input type="checkbox"/> | 53 | Specialties - Louvers & Vents | <input type="checkbox"/> |
| 10 | Structural Steel (Non-Retractable Roof) | <input type="checkbox"/> | 54 | Miscellaneous Specialties | <input type="checkbox"/> |
| 11 | Metal Wall Panels | <input type="checkbox"/> | 55 | NOT USED | <input type="checkbox"/> |
| 12 | Curtainwall / Exterior Glass / Storefronts | <input type="checkbox"/> | 56 | Canopies | <input type="checkbox"/> |
| 13 | Interior Glazing Systems (Suite and Press Box Fronts) | <input type="checkbox"/> | 57 | Pool (Turn-Key) | <input type="checkbox"/> |
| 14 | Interior / Exterior / Site Stucco | <input type="checkbox"/> | 58 | Hydrotherapy Pools | <input type="checkbox"/> |
| 15 | Fire Protection Systems | <input type="checkbox"/> | 59 | Interior Glazing | <input type="checkbox"/> |
| 16 | Plumbing - GENERAL BUILDING | <input type="checkbox"/> | 60 | Overhead Doors & Grilles | <input type="checkbox"/> |
| 17 | Mechanical - GENERAL BUILDING | <input type="checkbox"/> | 61 | FF&E | <input type="checkbox"/> |
| 18 | Electrical - GENERAL BUILDING | <input type="checkbox"/> | 62 | Site Utilities | <input type="checkbox"/> |
| 19 | Electrical - CONCESSION AREAS | <input type="checkbox"/> | 63 | Secondary Earthwork & Drainage | <input type="checkbox"/> |
| 20 | Electrical - Sports Lighting | <input type="checkbox"/> | 64 | Site Hardscape | <input type="checkbox"/> |
| 21 | Communications Infrastructure | <input type="checkbox"/> | 65 | Site Landscaping & Irrigation | <input type="checkbox"/> |
| 22 | Audio (Sound) System | <input type="checkbox"/> | 66 | Site Furnishings | <input type="checkbox"/> |
| 23 | Broadcast / Video Systems | <input type="checkbox"/> | 67 | Site Electrical - (Lighting / Electrical / & Conduits/Etc) | <input type="checkbox"/> |
| 24 | Security System | <input type="checkbox"/> | 68 | Fencing & Gates | <input type="checkbox"/> |
| 25 | Elevators / Escalators / Wheelchair Lifts | <input type="checkbox"/> | 69 | Flood Barriers | <input type="checkbox"/> |
| 26 | Fire Alarm System | <input type="checkbox"/> | 70 | NOT USED | <input type="checkbox"/> |
| 27 | Roofing Systems | <input type="checkbox"/> | 71 | NOT USED | <input type="checkbox"/> |
| 28 | Seating | <input type="checkbox"/> | 72 | NOT USED | <input type="checkbox"/> |
| 29 | Scoreboard/Ribbon Boards/Matrix boards | <input type="checkbox"/> | 73 | NOT USED | <input type="checkbox"/> |
| 30 | Video Replay System | <input type="checkbox"/> | 74 | NOT USED | <input type="checkbox"/> |
| 31 | Video Coaching System | <input type="checkbox"/> | 75 | NOT USED | <input type="checkbox"/> |
| 32 | Operable Wall (Drive Assemblies & Operators) | <input type="checkbox"/> | 76 | NOT USED | <input type="checkbox"/> |
| 33 | Mechanized Marlin (Turn-Key - Pit Foundation by others) | <input type="checkbox"/> | 77 | NOT USED | <input type="checkbox"/> |
| 34 | Mechanized Marlin-Go-Round (Turn-Key) | <input type="checkbox"/> | 78 | NOT USED | <input type="checkbox"/> |
| 35 | Misc. Metals / Stairs (Excludes Bowl) | <input type="checkbox"/> | 79 | NOT USED | <input type="checkbox"/> |
| 36 | Waterproofing / Caulking / Expansion Joints | <input type="checkbox"/> | 80 | PI - Site Work | <input type="checkbox"/> |
| 37 | Masonry | <input type="checkbox"/> | 81 | PI - FPL Duct Bank | <input type="checkbox"/> |
| 38 | Playing Field & Equipment | <input type="checkbox"/> | 82 | PI - Concrete Sidewalks | <input type="checkbox"/> |
| 39 | Misc. Metals / Handrails - Bowl (Glass & Metal) | <input type="checkbox"/> | 83 | PI - Landscaping and Irrigation | <input type="checkbox"/> |
| 40 | Underbowl Drainage System (Subroof) | <input type="checkbox"/> | 84 | PI - Electrical | <input type="checkbox"/> |
| 41 | Drywall / Drywall Ceilings / Acoustical Ceilings | <input type="checkbox"/> | 85 | PI - Traffic Signalization | <input type="checkbox"/> |
| 42 | Doors / Frames / & Hardware | <input type="checkbox"/> | 86 | PI - Pavers | <input type="checkbox"/> |
| 43 | Millwork | <input type="checkbox"/> | 87 | PI - Site Furnishings | <input type="checkbox"/> |
| 44 | Food Service Equipment | <input type="checkbox"/> | | | <input type="checkbox"/> |



4. EXPERIENCE:

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|--|----|-----------------------------------|----|
| 4.1 – Complete the following information for your firm: | | | |
| Yrs in business under present name | | Yrs performing work specialty: | |
| Value of work now under contract: | \$ | Value of work in place last year: | \$ |
| Average annual value of work competed for last three years: | | | \$ |
| Total number of permanent staff presently employed by firm: | | | |

| | | | | | |
|---|--|-------------------|--|-----------------------|---|
| Of the total number of permanent staff presently employed by your firm, how many are: | | | | | |
| Managers | | Superintendents | | Architect / Engineers | |
| Foreman | | Draftsmen | | Skilled Craftsmen | |
| Unskilled Craftsman | | Project Engineers | | Estimators | |
| Other | | | | | |
| Does your firm have in-house engineering capability? | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Does your firm have in-house fabrication capability? | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Is your firm in compliance with EEO requirements? | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |

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| 4.2 – Claims and Suits (If the answers to any of the following questions is year, please attached details): | |
| Has your firm ever failed to complete any work awarded to it? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your firm or its officers? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has your firm filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Has your firm ever failed to complete any work awarded to it? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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| 4.3 – Within the last five years, has any officer or principal of your firm ever been an officer or principal of another firm when it failed to complete a construction contract? (If yes, please attach details). | |
| 4.4 – On a separate sheet, list the three most significant construction projects your firm has in progress, giving the name of the Owner, Architect, General Contractor or Construction Manager, contract amount, percentage complete and scheduled completion date. | |
| 4.5 – On a separate sheet, list the major projects your firm has completed in the past five years, giving the name of the project, Owner, Architect, General Contractor or Construction Manager, contract amount, date of completion and percentage of work performed with your own forces. | |
| 4.6 – On a separate sheet, list the construction experience and present commitments of the key individuals of your firm who will be directly responsible for project delivery. | |

5. SAFETY:

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| 5.1 – List the number of inquiries and illnesses for the three most recent years (Use OSHA 200 logs): | | | |
| | 2007 | 2006 | 2005 |
| Number of Lost Work Cases Including Restricted Days (Cols 2 & 9): | | | |
| Number of OSHA Recordables (Cols 2, 6, 9, 13): | | | |
| Number of Fatalities (Cols 1 & 8): | | | |
| Total employee hours worked: | | | |
| Has your firm has any OSHA citations within the last three years? (I yes, please attach details): | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| 5.2 – Name of your firm’s safety officer: | | | |
| 5.3 – Current Experience Modification Rate (EMR): | | | |



6. TRADE REFERENCES:

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| 6.1 – Complete the following for <u>three</u> trade references with which your firm does business: | |
| 1. Company Name: | |
| Address: | |
| Contact: | |
| Telephone: | |
| 2. Company Name: | |
| Address: | |
| Contact: | |
| Telephone: | |
| 3. Company Name: | |
| Address: | |
| Contact: | |
| Telephone: | |

7. BONDING:

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| 7.1 – Complete the following for the surety with which your firm does business: | |
| Surety Company: | |
| Surety Rating: | |
| Agent Company: | |
| Agent Address: | |
| Agent Contact Name: | |
| Phone Number: | |

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| 7.2 – Complete the following information for your firm: | |
| Bonding Capacity: | |
| Value Presently Bonded: | |
| Single Project Bonding Capacity: | |

8. INSURANCE:

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| 8.1 – Complete the following for the insurance company with which your firm does business: | |
| Insurance Company: | |
| Agent Company: | |
| Agent Address: | |
| Agent Contact Name: | |
| Phone Number: | |
| 8.2 – Are your hourly employees (field) covered for workers compensation through your insurance company or that from an Employee Leasing Company? | |

9. FINANCIAL:

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| 9.1 – Complete the following for the bank with which your firm does business: | |
| Bank Name: | |
| Address: | |
| Contact Name: | |
| Phone Number: | |

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| 9.2 – Attach a current certified financial statement. The financial statement should contain reasonably current data and reflect the general condition of the firm. | |
| Date of Statement: | |
| Name of firm preparing statement: | |
| Is your firm currently rated with Dunn & Bradstreet? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| If yes, what is your D & B rating? | |



10. SIGNATURE:

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| The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading: | |
| Name of Organization: | |
| By: | |
| Title: | |
| Signature: | |
| Date: | |

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| Subscribed and sworn before me this day of , 2008. | |
| Notary Public: | |
| Commission Expires: | |