

Albu & Associates, Inc.

GENERAL CONTRACTORS • DESIGN / BUILD • CONSTRUCTION MANAGERS

1460 Minnesota Avenue • Winter Park, Florida 32789 • (407) 788-1450 Fax (407) 788-1463 • www.albu.biz

Subcontractor / Vendor Pre-Qualification

I. GENERAL

Name of Firm: _____
Street Address: _____
Mailing address: _____
City: _____ State: _____ Zip Code: _____
Website: _____
Primary Contact: _____
Telephone: _____ Fax: _____
E-Mail: _____
Fedex/ DHL/ UPS Shipping Account #: _____

II. ORGANIZATION

1. Type of Business Organization

A. Corporation ____ Partnership ____ Sole Owner ____

President: _____

Vice President(s): _____

Treasurer: _____

State and Date of Incorporation (MM/DD/YY): _____

Federal Tax I.D. Number: _____ License: _____

B. Indicate if your business qualifies as one of the following:

MBE ____ SBE ____ WBE ____ VBE ____ DBE ____ Federal ____

Other Classification ____ Classification Certified By _____

2. Bonding

Surety Company: _____

Agent Company: _____

Agent Address: _____

Agent Contact: _____

Your Bonding Capacity: \$ _____ Value Presently Bonded: \$ _____

3. Insurance

Insurance Company: _____
Agent Company: _____
Agent Address: _____
Agent Contact: _____ Phone: _____

Albu & Associates presently requires:

- 1. A minimum of \$1 million general liability coverage**
- 2. A minimum of \$500 thousand worker's compensation coverage**

4. Safety

Safety Program Contact: _____
Safety Program Telephone: _____
Safety Comments: _____

Have you had any OSHA fines in the last 3 years: YES _____ NO _____
Have you had any jobsite fatalities within the last 3 years: YES _____ NO _____

If you have answered yes to either of the above 2 questions, you must submit on a separate sheet the details describing the circumstances surrounding each incidence.

5. Business

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): _____
Minimum and Maximum job range within which you prefer to conduct your business:
Minimum: _____ Maximum: _____

6. Project Personnel

Submit Separately: Names, project experience and business references of personnel who will be directly responsible for project delivery.

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

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

7. Has your organization ever failed to complete a construction project?

YES ____ NO ____ If yes, please explain briefly on a separate page.

8. Does your firm have any pending litigation or arbitration with past or present clients or contractors?

YES ____ NO ____ If yes, please explain briefly on a separate page.

III. BIDDING INTEREST

1. Classes of work on which you are interested in bidding.

- A. _____ D. _____
- B. _____ E. _____
- C. _____ F. _____

IV. TRADE REFERENCES

Reference 1:

Company: _____
Address: _____
Contact: _____

Reference 2:

Company: _____
Address: _____
Contact: _____

Reference 3:

Company: _____
Address: _____
Contact: _____

V. OWNERS, GENERAL CONTRACTORS OR CONSTRUCTION MANAGERS YOU HAVE WORKED FOR WITHIN THE PAST 2 YEARS:

Reference 1:

Company: _____
Address: _____
Contact: _____ Phone: _____
Project: _____

Reference 2:

Company: _____
Address: _____
Contact: _____ Phone: _____
Project: _____

Reference 3:

Company: _____
Address: _____
Contact: _____ Phone: _____
Project: _____

VI. MOST SIGNIFICANT PROJECTS PRESENTLY UNDER CONSTRUCTION:

Project 1:

Project: _____
Location: _____
Architect: _____
Contact: _____ Phone: _____
GC/CM/ Owner: _____
Contact: _____ Phone: _____
Contract Amount: _____ Completion Date: ___/___/___

Project 2:

Project: _____
Location: _____
Architect: _____
Contact: _____ Phone: _____
GC/CM/ Owner: _____
Contact: _____ Phone: _____
Contract Amount: _____ Completion Date: ___/___/___

Project 3:

Project: _____
Location: _____
Architect: _____
Contact: _____ Phone: _____
GC/CM/ Owner: _____
Contact: _____ Phone: _____
Contract Amount: _____ Completion Date: ___/___/___

VII. MOST SIGNIFICANT PROJECTS COMPLETED IN THE PAST 5 YEARS:

Project 1:

Project: _____
Location: _____
Architect: _____
Contact: _____ Phone: _____
GC/CM/ Owner: _____
Contact: _____ Phone: _____
Contract Amount: _____ Completion Date: ___/___/___

Project 2:

Project: _____
Location: _____
Architect: _____
Contact: _____ Phone: _____
GC/CM/ Owner: _____
Contact: _____ Phone: _____
Contract Amount: _____ Completion Date: ___/___/___

Project 3:

Project: _____
Location: _____
Architect: _____
Contact: _____ Phone: _____
GC/CM/ Owner: _____
Contact: _____ Phone: _____
Contract Amount: _____ Completion Date: ___/___/___

I hereby certify that the above information is true and complete to the best of my knowledge.

Signature _____
Name _____
Title _____
Date _____

Please return this form and all required attachments to:

Attn: Bob Dzurino
1460 Minnesota Ave.
Winter Park, FL 32789
bobdzurino@albu.biz
Office: (407)788-1450
Fax: (407)788-1463