

## **Subcontractor Qualification Form**

**RETURN TO:**

**W.E. DENTMON CONSTRUCTION, INC.**  
**2500 Drane Field Road, Ste. 201**  
**Lakeland, FL 33811**

**Project:** \_\_\_\_\_

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Name \_\_\_\_\_

Shipping Account # \_\_\_\_\_ Fed Ex UPS  
(Needed when sending plans)

Florida Contractor License Number \_\_\_\_\_

Geographic Area of Business Interest \_\_\_\_\_

Years in Business Under Present Name \_\_\_\_\_

Work Specialty \_\_\_\_\_

Is your work self performed? \_\_\_\_\_

If not, how much work and to whom do you sub your work to? \_\_\_\_\_  
\_\_\_\_\_

Years Performing Work Specialty \_\_\_\_\_

Work Now Under Contract \$ \_\_\_\_\_

Work in Place Last Year \$ \_\_\_\_\_

Value of Work Presently Bonded \$ \_\_\_\_\_

Total Bonding Capacity \$ \_\_\_\_\_

Bonding Surety \$ \_\_\_\_\_

Bonding Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

	Policy Number	Expiration Date
General Liability Insurance	_____	_____
* Workers Compensation Insurance	_____	_____
* Exemptions not acceptable		

Percent of Work Performed by Own Forces \_\_\_\_\_ %  
Total Number of Permanent Staff Employed by Company \_\_\_\_\_

This includes \_\_\_\_\_ Office Staff \_\_\_\_\_ Field Personnel

Average Work Force for the Past Five Years \_\_\_\_\_

Is Company in Compliance with EEO Requirements? \_\_\_\_ Yes \_\_\_\_ No

Approximate Value of Equipment Owned by Company \$ \_\_\_\_\_

Has Company Ever \_\_\_\_\_ Failed to Complete a Contract?

\_\_\_\_\_ Been Involved in Bankruptcy or Reorganization?

\_\_\_\_\_ Had Pending Judgment Claims or Suits?

\_\_\_\_\_ Been Assessed Liquidated Damages on any Project?

Does Company Have a Current Rating with Dun & Bradstreet? \_\_\_\_ Yes \_\_\_\_ No

If Yes, what is your D&B RATING?

Trade References (Contact Name, Phone, Address)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

General Contractors with whom your Company has worked within the past two years (Contact Name, phone, Address)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List Four of your Most Significant Projects Currently Under Construction:

Name & Location	Contact Name/Phone	Contract Amount	Architect	Completion
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature \_\_\_\_\_  
(Officer of the company)

Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Type of Company: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor