



2009 Longwood Lake Mary Rd  
Suite 1015  
Longwood, FL 32750

T / 407 260 0333  
F / 407 260 0320

General Contractors / Construction Managers  
**Building Quality | Building Integrity | Building Commitment**  
www.rhodesbuildingco.com

## SUBCONTRACTOR PRE-QUALIFICATION FORM

**Today's Date (MO/DAY/YEAR):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Person Completing Form:** \_\_\_\_\_

### Company Information

|   |                     |                       |
|---|---------------------|-----------------------|
| Company Name:   |                     | Company Website:      |
| President/Owner/Partner Name:   |                     | Qualifier Name/Title: |
| Address/City/State/ZIP:   |                     |                       |
| Phone: (____) _____ - _____   | FL State License #: |                       |
| Fax: (____) _____ - _____   | Contact Email:      |                       |
| National Construction Trade Association Membership: <input type="checkbox"/> None<br><input type="checkbox"/> Associated Builders and Contractors <input type="checkbox"/> Associated General Contractors <input type="checkbox"/> Other: _____ |                     |                       |

### Structure of Company

|   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> General or Limited <input type="checkbox"/> Joint Venture                  |                                       |
| Date of Establishment: _____ / _____ / _____  | State Where Established:              |
| List of states/metro areas in which authorized to do work (please include license # if applicable):<br><input type="checkbox"/> FL (License: _____) <input type="checkbox"/> Other (License: _____) <input type="checkbox"/> Other (License: _____) |                                       |
| <input type="checkbox"/> Federal ID #: _____  | <input type="checkbox"/> Other: _____ |
| Contractor parent company (company name/president/address/phone):   | #of Employees (office and field):     |

### Company Profile

|  |   |  |
|--|---|--|
| Type of Company:   |   |  |
| <input type="checkbox"/> Subcontractor (Furnish & Install)   | <input type="checkbox"/> Subcontractor (Install Only) | <input type="checkbox"/> Supplier (Materials Only)   |
| CSI Number(s): _____   |   | SIC Number(s): _____   |
| Project Size: (Check all that apply)   |   |  |
| <input type="checkbox"/> \$250,000 or below  | <input type="checkbox"/> \$251,000- \$499,000         | <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000 or more                    |
| Types of Projects: (Check all that apply)  |   |  |
| <input type="checkbox"/> Schools <input type="checkbox"/> Government <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Lodging <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail | Other: _____  |  |
| Geographic Work Areas: (Check all that apply or list states)   |   |  |
| <input type="checkbox"/> Central, FL <input type="checkbox"/> South, FL <input type="checkbox"/> North, FL <input type="checkbox"/> Other: _____   |   |  |
| Certified Minority Business Enterprise Contractor (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Certified Woman Business Enterprise Contractor (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Certified by: _____  |   | Certified by: _____  |
| Do you have experience with LEED/green buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |

### Bonding & Insurance

|   |                                      |
|---|--------------------------------------|
| Name of Bonding Agency:   |                                      |
| Relationship Officer:   |                                      |
| Phone: (____) _____ - _____   | Fax: (____) _____ - _____            |
| Bonding Company:  | A.M. Best Rating of Bonding Company: |
| Bonding Capacity Single Job: \$ _____   | Bonding Capacity Aggregate: \$ _____ |
| <b><i>Please attach workers comp and general liability insurance certificates</i></b> |                                      |
| What is your workers comp EMR (experience modification rate) for the last 3 years?    |                                      |
| Year _____ EMR _____  | Year _____ EMR _____                 |
| <b><i>Please attach copy of previous year's OSHA 300 form</i></b>                     |                                      |



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**Trade References:**

|   |                                   |
|---|-----------------------------------|
| Please list three trade/vendor references with whom you have worked for in the last year. |                                   |
| 1. Name:  | Contact:                          |
| Address:  | Contact Phone Number/Cell Number: |
| City/State/ZIP:   |                                   |
| 2. Name:  | Contact:                          |
| Address:  | Contact Phone Number/Cell Number: |
| City/State/ZIP:   |                                   |
| 3. Name:  | Contact:                          |
| Address:  | Contact Phone Number/Cell Number: |
| City/State/ZIP:   |                                   |

**General Contractor References**

|   |                                   |
|---|-----------------------------------|
| Please list three general contractors with whom you have worked for in the last year. |                                   |
| 1. Name:  | Contact:                          |
| Address:  | Contact Phone Number/Cell Number: |
| City/State/ZIP:   |                                   |
| 2. Name:  | Contact:                          |
| Address:  | Contact Phone Number/Cell Number: |
| City/State/ZIP:   |                                   |
| 3. Name:  | Contact:                          |
| Address:  | Contact Phone Number/Cell Number: |
| City/State/ZIP:   |                                   |

**Credit Authorization**

The submitter of this prequalification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? **Yes** \_\_\_ **No** \_\_\_

Dunn & Bradstreet # \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Completed Form to ATTN: Olivia Partin - [oliviap@rhodesbuildingco.com](mailto:oliviap@rhodesbuildingco.com)**



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**Work in progress**

Amount of work under contract: \$ \_\_\_\_\_

Amount of that work not yet completed: \$ \_\_\_\_\_

Please complete requested information on company's recent major construction projects either completed or in progress; or attach list. (Please make additional copies as needed).

|                                     |  |                            |  |
|-------------------------------------|--|----------------------------|--|
| Name of Project                     |  | Name of Project            |  |
| Client/Owner                        |  | Client/Owner               |  |
| General Contractor                  |  | General Contractor         |  |
| Location                            |  | Location                   |  |
| Contract Value \$                   |  | Contract Value \$          |  |
| Description of Work Being Performed |  | Description of Work Being  |  |
| Architect/Engineer                  |  | Architect/Engineer         |  |
| General Contractor Contact          |  | General Contractor Contact |  |
| Phone Number                        |  | Phone Number               |  |
| Completion (Planned) Date           |  | Completion (Planned) Date  |  |
| Name of Project                     |  | Name of Project            |  |
| Client/Owner                        |  | Client/Owner               |  |
| General Contractor                  |  | General Contractor         |  |
| Location                            |  | Location                   |  |
| Contract Value \$                   |  | Contract Value \$          |  |
| Description of Work Being Performed |  | Description of Work Being  |  |
| Architect/Engineer                  |  | Architect/Engineer         |  |
| General Contractor Contact          |  | General Contractor Contact |  |
| Phone Number                        |  | Phone Number               |  |
| Completion (Planned) Date           |  | Completion (Planned) Date  |  |