

THE DOUGLAS COMPANY
SUBCONTRACTOR PRE-QUALIFICATION INFORMATION



(For subcontracts exceeding \$150,000)

Please fill out completely. Please be assured that all financial information submitted on this form will remain confidential. The purpose of our request is to ensure that all subcontractor/vendors selected are in accordance with The Douglas Company's Quality System.

Date: _____
Company Name _____
Street Address: _____ P.O. Box _____
City _____ State _____ Zip _____
Contact Name: _____
Telephone No: _____
Fax No: _____ Web Site Address: _____
E-Mail Address: _____

Tax ID Number: _____
(Please attach IRS W-9)

Type of Business:
_____ If a Corporation
Year Company was established _____
Number of years under present ownership _____
In what state _____

_____ If a Partnership
Date of organization _____
Type of Partnership _____ General _____ Limited _____ Association
In what State _____
List partners _____

_____ If a Sole Proprietorship
Year company was established _____
Owner's name _____
In what state _____

2. Bank Reference
Bank Name: _____
Street Address: _____ P.O. Box _____
City: _____ State _____ Zip _____
Telephone No: _____

3. Attach a full financial statement for the latest full calendar year.

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4. Surety Company
Name: _____
Contact Name: _____
Telephone No: _____
Bonding Company Rating _____
Bonding Capacity: Single Job _____ Aggregate _____

5. References

a. Suppliers Information:

1. Name _____ Phone: _____
Contact Name _____

2. Name _____ Phone _____
Contact Name _____

b. General Contractors:

1. Name _____ Phone _____
Contact Name _____

2. Name _____ Phone _____
Contact Name _____

3. Name _____ Phone _____
Contact Name _____

6. Insurance
Provide proof of the following insurance coverage on an Accord Form with The Douglas Company named as additional insured.

- a. Commercial Liability (\$1 million minimum required)
- b. Automobile liability
- c. Worker's Compensation (provide state certificate, if applicable)
- d. Professional Errors & Omissions (if applicable)
- e. Confirmation of Insurance Coverage

7. Annual dollar volume in the past three (3) years

Year _____ \$ _____
Year _____ \$ _____
Year _____ \$ _____

8. Largest jobs in past three (3) years

Year _____ \$ _____
Year _____ \$ _____
Year _____ \$ _____

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14. Do you have a quality management system supported by written procedures?
_____ Yes _____ No

15. List your companies experience modification rate (EMR) for past three (3) years
Year _____ EMR _____
Year _____ EMR _____
Year _____ EMR _____

16. Do you have a written safety program? _____ Yes _____ No

17. Do you conduct job site safety audits? _____ Yes _____ No

By whom? _____

How often? _____

Is this documented? _____ Yes _____ No

18. Do you hold "Tool Box Talks" for employees? _____ Yes _____ No

19. Has OSHA cited you in the past three (3) years
for a violation? _____ Yes _____ No

20. Is your firm a certified business enterprise? _____ Yes _____ No

Woman Business Enterprise _____ Yes _____ No

Minority _____ Yes _____ No

Other (please describe) _____ Yes _____ No

21. Names of company officers

President _____

Vice President _____

Secretary _____

Treasurer _____

continued...

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Please Return this Form to The Douglas Company

Along with the Following Attachments:

- General Liability Insurance Certificate
- Auto Liability Insurance Certificate
- Workers Compensation Certificate
- Confirmation of Insurance Coverage
- Financial Statement – Most Recent Year End Statement Including
 - Balance Sheet
 - Income Statement
- Description of any contract defaults
- List of litigation or formal arbitration for the last five (5) years including unsettled litigation or arbitration
- W-9

The Douglas Company
200 East Robinson St, Suite 400
Orlando, FL 32828

Ph: 407.370.2001
Fax: 407.370.2005

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***(Please have your Insurance Agency provide this
Insurance Coverage Confirmation)***

Date: _____

Subcontractor: _____

Project Name: _____

Project Location: _____

Type of Project: Residential () Commercial () Condominium ()
 Condo Hotel () Hotel/Motel ()
 Independent Living Facility () Assisted Living ()
 Skilled Nursing Facility () Retirement Community ()

This certified that the coverage provided by _____ for the above subcontractor does not have any exclusions for the type of project listed.

Insurance Carrier: _____

Agency Name: _____

By: _____

Agent Name: _____