1629 Prime Court
Suite 700
Orlando, Fl 32809
www.fncontractors.com

Office: 850-879-7672
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SUBCONTRACTOR PRE-QUALIFICATION FORM

All subcontractors are required to complete this questionnaire. The contents of this questionnaire will be considered and used solely to determine your firm's qualification to perform work for **FN Contractors, LLC**

Return Completed form to

FN Contractors, LLC., 1629 Prime Court -Suite 700-Orlando, Fl 32809

PLEASE NOTE: Please fill out as much information as possible.

Application Date: _____ **Trade:** _____ **Division:** _____

BACKGROUND

Company Name:	Type of Company (S-Corp, LLC, Sole Proprietor)		Type of Work Performed
Street Address:			Phone Number:
City/State/Zip	Principal Contact		Email Address
Year Business was Established	States You Do Work In	Union ☐ Non-Union ☐	DBA (if applicable)
Contractor License#	D&B No.:	Qualified Minority Business? MBE ☐ WBE ☐ DBE ☐	

SAFETY

List your Company's # Of Injuries/Illnesses from your OSHA 300 Logs as follows:	Last Year	Prior Year	2nd Prior Year
Experience Modification Rate (EMR)			
Total # of Fatalities: (From Column G on the OSHA 300 Log)			
Total # of OSHA Recordable Incidents (Total of Columns H, I and J on the OSHA 300 Log)			
Total # of Lost Work Day Incidents (Column H on the OSHA 300 Log)			
Total # of other recordable cases (Column J on the OSHA 300 Log)			
Total # fo Annual Man-Hours Worked			

Please check if your Company implements the following safety controls	Yes	No
Has a Written Safety Program	☐	☐
Has an Implemented Drug Screening Policy for all Employees	☐	☐
Performs Safety Orientation & Training for all Employees	☐	☐
Performs Continuing Safety Education for all Employees	☐	☐

Safety Manager Contact Information			
Name	Title	Phone Number	Email Address

WORK EXPERIENCE

Provide summary of three largest projects currently IN PROGRESS	Location	Start/Complete	Contact Amount

Provide summary of three largest projects COMPLETED	Location	Start/Complete	Contact Amount

PERSONNEL INFORMATION

Provide the following information regarding your present personnel

Current Number of Employees	Full Time	Part-Time	Contract	Temp
Executives				
Project Managers				
Estimators				
Administrative				
Superintendents				
Foreman				
Journeymen				
Laborers				
Other (Specify)				
Totals				

FINANCIAL HISTORY

Please provide answers to the following questions and attach explanations as necessary

Are there any judgements, claims, arbitrations, proceedings or suite pending/outstanding against your firm or its officers or principals?	☐	☐
Has your firm ever filed bankruptcy?	☐	☐
Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years)	☐	☐
Has your firm or any other organization, with which of the officers or partners were invovled during the past (3) years, ever failed to complete any work awarded? If yes, please provide further details	☐	☐
Submit a listing of all litigation or formal arbitration to which your organization has been a party involving amounts in excess of $10,000 for the past five years includng any unsettled litigation or arbitration		

INSURANCE & BONDING

Please provide a proof of your General Liability and Workers Compensation Insurance

Attached a copy of your General Liability and Workers Compensation Insurance

Please provide the following Bonding Information

Can you provide a Performance Bond?	Bond Rating	Bonding Capacity	Single Project	Aggregate
Name of Bonding Company		Contact	Phone Number:	
Last Type of Bond Issued	Date		Amount ($)	

REFERENCES

Provide three client references

Company Name	Contact	Phone Number	Email Address
Company Name	Contact	Phone Number	Email Address
Company Name	Contact	Phone Number	Email Address

Provide three Supplier references			
Company Name	Contact	Phone Number	Email Address
Company Name	Contact	Phone Number	Email Address
Company Name	Contact	Phone Number	Email Address

Date: _____

_____

Principal Signature

_____

Print Name