



**vera contractors**  
 813.645.7173  
 www.veracontractors.com  
 CGC1520257

## SUBCONTRACTOR QUALIFICATIONS

### GENERAL INFORMATION

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Company Legal Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

- |                 |   |   |                                     |
|-----------------|---|---|-------------------------------------|
| Type of Company | <input type="checkbox"/> Architect          | <input type="checkbox"/> Construction Manager | <input type="checkbox"/> Consultant |
|                 | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Inspection Agency    | <input type="checkbox"/> Owner      |
|                 | <input type="checkbox"/> Subcontractor      | <input type="checkbox"/> Vendor               |                                     |

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Main Construction Division(s):

- |  |   |   |  |
|--|---|---|--|
| _____04 – Masonry                                | _____05 – Metals                                  | _____02 – Existing Conditions   | _____03 - Concrete                         |
| _____08 - Openings                               | _____09 – Finishes                                | _____06 – Woods, Plastics, Composites                                   | _____07 – Thermal & Moisture Protection    |
| _____12 - Furnishings                            | _____13 – Special Construction                    | _____10 – Specialties   | _____11 - Equipment                        |
| _____22 - Plumbing                               | _____23 - HVAC                                    | _____14 – Conveying Equip.  | _____21 – Fire Suppression                 |
| _____27 - Communication                          | _____28 – Electronic Safety & Security            | _____25 – Integrated Automation   | _____26 - Electrical                       |
| _____33 - Utilities                              | _____34 - Transportation                          | _____31 – Earthwork   | _____32 – Ext.Improvements                 |
| _____41 – Material Processing & Handling         | _____42 - Process Heating, Cooling, Drying Equip. | _____35 – Waterway & Marine Construction                                | _____40 – Process Integration              |
| _____45 - Industry-Specific Manufacturing Equip. | _____46 - Water & Waste Water Equip.              | _____43 - Process Gas & Liquid Handling, Purification, & Storage Equip. | _____44 - Pollution & Waste Control Equip. |
|  |   | _____48 - Electrical Power Generation                                   |  |

Specification Section: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Website Address: \_\_\_\_\_

Has your company ever failed to complete any Contracts / Work Awarded to you?  Yes  No

Has your company been involved in Bankruptcy or Reorganization:  Yes  No

If yes to either of the above questions, please attach details to this form

## ADDRESSES

Physical address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

List other branch locations with phone/fax numbers:

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## CONTACTS

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Safety Program Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_ / \_\_\_\_\_

E-Mail address: \_\_\_\_\_

List names of your key operating personnel and attach resumes if available.

i.e. PM, Estimator, Field Supervisors:

---

---

---

---

---

---

---

---

## INSURANCE

When contract(s) for work are awarded by Veracon, LLC. dba Vera Contractors, Certificate(s) of Insurance must be forwarded immediately prior to commencement of work. **Please attach a copy of your Insurance Certificate(s) indicating these minimum coverages.**

**INSURANCE IS TO BE AS SPECIFIED WITHIN THE PROJECT SPECIFICATIONS OR AS LISTED BELOW, WHICH EVER IS GREATER:**

**Workers Compensation and Employers Liability:**

Bodily Injury Each Accident	\$ 100,000
Bodily Injury by Disease Each Employee	100,000
Bodily Injury by Disease Policy Limit	500,000

Subcontractors using an Employee Leasing Company must ALSO maintain a "Minimum Premium Workers Compensation Policy" listing your company as the "insured" to cover any claims not covered under Leased Employees Agreement.

**THIS POLICY IS COMPLETELY SEPARATE FROM THE ONE YOU NOW HAVE THROUGH YOUR LEASING COMPANY.**

Subcontractors who exempt themselves must maintain a "Minimum Premium Workers Compensation Policy" to cover any claims.

**General Liability:**

General Aggregate	\$ 1,000,000
Products Aggregate	1,000,000
Any One Occurrence	1,000,000
Personal Injury	1,000,000
Any One Fire	
Medical Payments	10,000

**Veracon LLC. dba Vera Contractors is to be named as an ADDITIONAL INSURED on the General Liability Policy**

**Automobile Liability:**

Combined Single Limit (CSL)	\$ 1,000,000
-----------------------------	--------------

In addition, you must have "Hired and Non-Owned Auto" coverage to include any non-company owned vehicles.

Insurance Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Is Insurance Certificate Attached?

Yes

No

## REGIONS

Geographic Areas of Business Operations: \_\_\_\_\_

List trades your company performs: \_\_\_\_\_

List specific classifications/services your company is certified to provide: \_\_\_\_\_

## CERTIFICATIONS

Please indicate if your company is Minority Certified

State of Florida Minority Business Advocacy & Assistance Office

Type of Certification:  WBE  MBE  DBE  VBE  SBE  State

Federal  Other Classification \_\_\_\_\_

Classification Certified by: \_\_\_\_\_

Cities Certified by: \_\_\_\_\_

County Public Schools Certified by: \_\_\_\_\_

**If you checked any of the above Certifications, please attach copy of Certification Letter(s) to this form**

Is your company bondable?  Yes  No

Bonding Company: \_\_\_\_\_

Bonding Company Contact: (not Bonding Agent) \_\_\_\_\_

Bonding Capacity: (Single Project) \$ \_\_\_\_\_ (Aggregate Limit) \$ \_\_\_\_\_

Current Bonded Backlog: \$ \_\_\_\_\_

Last Bond Issued: Project Name \_\_\_\_\_ Date of Issue \_\_\_\_\_

Amount \$ \_\_\_\_\_

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

Contact Name \_\_\_\_\_ Telephone #: \_\_\_\_\_

Bonding Surety Best Rating: \_\_\_\_\_ Bonding Rate: \_\_\_\_\_

**Please attach to this form a Letter from your bonding company corroborating the above information**

## LEGAL / FINANCIAL

Type of Business  Corporation  LLC  Partnership  Sole Proprietorship

Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Incorporation State: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

Dun & Bradstreet No. \_\_\_\_\_ Dun & Bradstreet Rating: \_\_\_\_\_

Does your company have any pending judgments, claims or suits against you?  Yes  No

If yes, please attach details to this form

### License Information:

Does the Subcontractor have the proper licensing for working in the municipality/county where the project is to be constructed?  Yes  No

Type of License Held: \_\_\_\_\_

License No.: \_\_\_\_\_

State Issued By: \_\_\_\_\_

**LEGAL / FINANCIAL (continued)**

Banking Information:

**Attach a copy of an Audited or Certified Balance Sheet and Current Operating Statement for Corporations or Financial Statements and Guarantees of Principals in privately owned businesses. This Statement should contain reasonably current data and reflect the current financial condition of the firm.**

Firm Preparing Statements: \_\_\_\_\_

Date of Statement or Balance Sheet: \_\_\_\_\_

Bank Reference:

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

List (3) three Trade Creditor / Vendor References:

Reference #1

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

Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Reference #2

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

Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Reference #3

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

Address: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

**LEGAL / FINANCIAL (continued)**

Principals and/or Owners of Firm/Titles:

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

Please list any subsidiary companies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK / SAFETY HISTORY**

Percent of work completed as a General Contractor: \_\_\_\_\_

Percent of work completed as a Subcontractor: \_\_\_\_\_

Maximum single contract value awarded to your Company: \$ \_\_\_\_\_

Maximum single contract period: \_\_\_\_\_

Average Contract Amount: \$ \_\_\_\_\_

List the work your company usually subcontracts out: \_\_\_\_\_

\_\_\_\_\_

How many lost work days did your company have last year: \_\_\_\_\_

Average lost work days over the last three (3) years: \_\_\_\_\_

How many medical treatments did your company have last year: \_\_\_\_\_

Average number of medical treatments over the last three (3) years: \_\_\_\_\_

How many fatalities did your company have last year: \_\_\_\_\_

Average number of fatalities over the last three (3) years: \_\_\_\_\_

## WORK / SAFETY HISTORY (continued)

Worker's Compensation Modifier over the last three (3) years: \_\_\_\_\_

Does your company have a written Safety Program?:  Yes  No

In the last three (3) years, has your company been cited for a Serious Violation?

(As defined by OSHA)  Yes  No If yes, please attach details to this form

In-House Engineering or Fabrication capability: \_\_\_\_\_

Fabrication Floor Area: \_\_\_\_\_ SF

## CONTRACT HISTORY

Has your company, under its current legal name, worked for Veracon, LLC dba Vera Contractors, on any projects in the past two (2) years? If so, please list them below:

### Project #1

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

### Project #2

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

### Project #3

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

## CONTRACT HISTORY (continued)

List three (3) General Contractors / Construction Managers for whom your company has worked with in the past two (2) years:

**Contractor #1**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Contractor #2**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Contractor #3**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative Name: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

List the four (4) most significant, similar projects completed in the last five (5) years (if applicable):

**Project #1**

Contractor Name: \_\_\_\_\_  
Representative Name: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Architect Name: \_\_\_\_\_  
Project Manager: \_\_\_\_\_  
Project Superintendent: \_\_\_\_\_  
Scope(s) of Work Completed: \_\_\_\_\_  
Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_



## CONTRACT HISTORY (continued)

### Project #2

Contractor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Architect Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### Project #3

Contractor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Architect Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### Project #4

Contractor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Architect Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## CONTRACT HISTORY (continued)

List the three (3) most significant projects presently under construction:

Project #1

Contractor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Architect Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Project #2

Contractor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Architect Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Project #3

Contractor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Architect Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Superintendent: \_\_\_\_\_

Scope(s) of Work Completed: \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_ Final Contract Amount: \$ \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## EQUIPMENT

Approximate value of equipment owned by your company: \$ \_\_\_\_\_

---

**This form must be authorized by an Officer of the Company or an individual so authorized by an Officer of the Company.**

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

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_